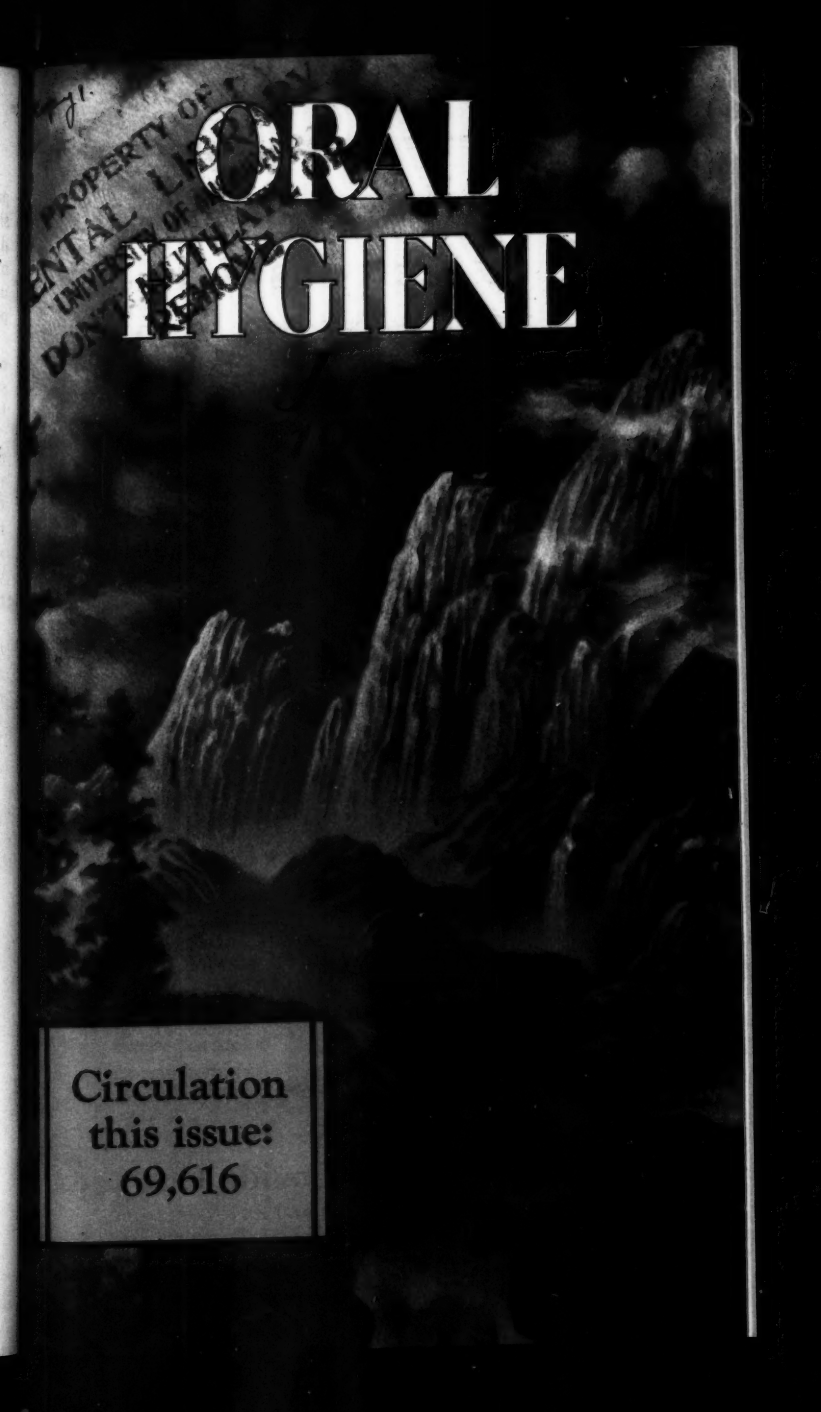
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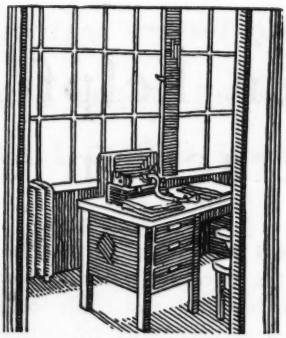

THE *Publisher's*

No. 119

CORNER

BY MASS

THE CORNER has just received a kick in the seat of its prideful pants.

Last month, and the month before, this space was filled with some high-chinned drivel about the things that happen to the editorial and advertising content of ORAL HYGIENE before it reaches the presses.

Now comes CORNER-customer Tom Glynn—associated with Harry Phibbs in the preparation of technical advertising—to jeer like the wild Irish rogue he is at what he calls our "perfect systematized routine."

"Boy! I could tell some of the readers how you can bind the right inserts into the wrong issues and put cuts upside down!" he threatens. Tom's voice is no undertaker's whisper. He should call trains with the tone he uses to delineate publishers' weak moments.

But the CORNER'S motto is: if somebody throws

grapefruit at you, serve it up for breakfast with lots of powdered sugar and a spot of wine.

So having dealt with our slick system for a couple of months I will now beat Tom to the punch by relating some of the cases in which the system bogged down.

The insert episode he so nastily recalled happened this way. Tom sent two months' supply of special color inserts for one of his clients—specifying the issue in which each lot was to be bound.

Well, the book popped out the first month carrying the insert intended for the second issue. The staff sat around trying to think up an alibi.

"Why not tell him," said somebody, "that—"

"Yes?" we chorused expectantly, bright-eyed.

"Why not tell him that—uh—that——."

This was as far as it got. So Miss Burgdorf wrote Tom to the same effect.

His mumbling finally died away—until we printed one of his cuts upside down. The alibi was grand but these Irish are thick.

Another time, an S. S. White double-page spread came out with the pages transposed. This led to shrill cries as from a wounded fawn, on the part of Harry Prager. We started his story on the right and finished it on the left. "Very clever you Chinese down there in Pittsburgh!"

I can't remember how we managed to soothe him. Anyway we said we wouldn't do it again, and so on.

But two months later O.H. again carried a reverse

spread for White. Shanghai style. We should have served chopsticks. And a dish of tea.

The whole story is too horrible to print. We all went home and put cold compresses on our heads.

Another smart job was printing somebody's pink toothpaste—shown oozing squirtily from a tube—in a swell shade of green ink. I can't remember to whom we did this. But I can remember the fireworks and the allusions to the intelligence quotient of ORAL HYGIENE'S management—with a double-dipper of allusion to old Mass.

This is the sort of thing that gets you down—that keeps your inferiority complex bellygrinding all over the place.

When the first copy of each new issue is brought upstairs from the bindery the staff lines up like movie ushers on parade, then we all cross our fingers and face the East; a rabbit's foot is passed from hand to hand.

Then we break ranks and crowd around apprehensively, to look at the fresh new ORAL HYGIENE. The atmosphere is pretty tense.

In each issue there are perhaps a million or so letters of the alphabet, punctuation points, and figures. Each one can be the germ of terrible trouble.

Just you publish a magazine and put the decimal point in the wrong place in someone's pricelist. One little decimal point, no bigger than a flyspeck.

Or leave out an important comma some time.

Leave it out of an editorial by Colonel Rea Proctor McGee, D.D.S., M.D.

Until Doctor Ted Christian joined the publication

office staff, one of our favorite pastimes was printing radiographs upside down. Let the damned readers stand on their heads.

There is no sense in telling any more of these tales.

Just telling these few has made us gloomy.

* * *

Last week ORAL HYGIENE moved upstairs into brand-new offices, so the CORNER moved too.

It was high time, for the old one—new a year or so ago—was so full of what my grandmother used to call cultch that I had to use stilts to get to my desk, what with the piles of magazines and books and manuscripts, the collections of old rubbers and broken umbrellas, much too good to throw away.

When we get around to it, there'll be some pictures of the magazine's new home, in which each staff-member has his own secluded room—adapted to either wrinkle-browed concentrating, or the sort of undisturbed napping which builds a fellow up physically and helps him to cope with Tom Glynn.

ORAL HYGIENE

REA PROCTOR McGEE, D.D.S., M.D., *Editor*

June, 1931

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A Journal for Dentists

Twenty-First Year | JUNE, 1931 | Vol. 21, No. 6

"Morning, Dr. Stractem. Enjoying your day off?"

X-Raying *the* X-Ray

Fundamentals of Dental Roentgenography.

By

HAROLD G. F. EDWARDS, M. D., F. A. C. P.

THE intelligent interpretation of any roentgenogram is dependent upon detail, contrast, and no distortion. I will first consider the points essential to reaching this result.

Detail, or definition, is controlled by:

1. Distance of tube target.
2. Alignment of tube and part.
3. Secondary radiation.
4. Size of focal spot of tube.
5. Motion—of the patient, the film or tube.

Contrast is dependent upon:

1. The kilo voltage or the spark gap.
2. Secondary radiation.

Distortion—The aim is to obtain a shadow of the teeth which conforms as closely as possible with the diameters of the teeth themselves. To get this result and avoid distortion the central ray must strike the tooth being x-rayed at a certain angle, and the film must be dis-

posed to the alveolar process in a certain relationship.

Exposure Faults

1. Incorrect positioning of the head, causing:
   a. Lengthening,
   b. Foreshortening, or
   c. Overlapping of image.
2. Incorrect film placing or holding, causing:
   a. Incomplete, or
   b. Distorted image.
3. Bending film, causing lack of detail in part of image.
4. Incorrect exposure time, causing over or under exposure.
5. Fogged films.
6. Old films.

Exposure

1. Patient in upright or horizontal position.
2. Place film to cover area desired with minimum bending. Use horizontally in posterior and perpendicularly in anteriors, allowing only a small margin beyond crowns.
3. Hold film firmly with holders designed for this purpose.
4. Bisect angle of film and long axis of tooth and direct ray at right angles to this line.
5. Avoid malar shadow by holding film away from teeth in a vertical position.
6. Keep target distance uniform.
7. Select penetration and timing to produce uniform texture when developed for five minutes at 65°F. Best results are obtained, however, by direct observation of the film in front of ruby light, developing until the tooth shadow has almost disappeared.
8. Make at least fourteen exposures for complete mouth examination.

Common Development Faults

1. Light leaks in dark room.
2. Unsafe ruby light.
3. Chemicals:
   a. Not fresh.
   b. Improper proportions.
   c. Developer mixed with impure water.
   d. Old and contaminated solutions.
4. Temperature:
   a. Too high, resulting in too rapid development and fogged films.
   b. Too low, resulting in prolonged development and thin films.
5. Insufficient washing between developer and fixing.

Correction of Common Development Faults

1. Examine for light leaks and unsafe ruby light.
2. Test light by exposing open film for five minutes in dark room and developing for fog.
3. Avoid open dark room door during development.
4. Use uniform chemicals from dependable sources.
5. Mix developer with distilled water or chemical-free city water.
6. Do not use solutions after they are old or "run out," as the chemical change cannot take

place when such chemicals are used.

7. Do not add new developer or hypo to old solutions.

8. Do not contaminate developer by dropping hypo into it.

9. Maintain a uniform 65°F. temperature.

10. Keep films in fixer twice the length of time necessary to clear.

11. Wash films freely for at least 20 minutes in clean water, either running, or use several changes.

Interpretation Faults

1. Trying to read an uninterpretable film.

2. Wrong light—inadequate or too much light for reading.

3. Ignoring anatomic deviations.

4. Insufficient number of exposures.

5. Unfamiliarity with anatomic structural appearances.

6. Hasty and cursory reading.

7. Considering reading of roentgenogram a diagnosis.

In order to interpret properly roentgenographic findings it is of utmost importance to have a thorough knowledge of the normal anatomical shadows as revealed in the dental roentgenograms. Errors are made not so much from a lack of knowledge of pathological shadows but because of a lack of knowledge of anatomical shadows. We have to deal with those cast by three basic anatomical tissues—bone, teeth, and peridental membrane.

The alveolar process appears in a dental roentgenogram as an even, regular mottling of black and white shadows. The white mottling is heavy in the mandible and a fine network in the maxilla. It is the blotching or fusing of these black and white shadows, or change in the regularity of the mottling, that indicates a pathological condition. The bone shadow externally is bound by a thin, regular, white line bordering the interproximate septum, known as the lamina dura. Normally, there is no break in this line. The lamina dura shadow is one of the most important anatomical structures seen in a dental roentgenogram because of the fact that in early alveolar resorption we find a break in this line.

Common Interpretation Errors

1. Location of the anterior palatine canal between the upper central incisors.

2. The mental foramen in the region of the lower second bicuspid is perhaps the location of most errors.

The peridental membrane is evidenced as a thin, even, black line separating the lamina dura shadow from the outline of the roots of the teeth. This specialized membrane is the most susceptible anatomical structure of the alveolar process to pathological changes.

Pathology

The one pathological condition in dental roentgenography that can be recognized earliest is *marginal resorption of the*

alveolar process and its accompanying osteitis. This condition is evident when we observe a break or destruction of the lamina dura shadow of the interproximate septum.

When the normal, thin, even, black line representing the peridental membrane becomes thickened or uneven, the condition of *periodontitis* is existent.

Dental caries is often demonstrated by roentgen examination many months before the caries becomes evident with an explorer, appearing as an area of radiolucency in the enamel or dentin.

Pulp stones are evidenced as areas of opacity in the pulp chamber.

Osteoclasia (granuloma or abscess), a destructive metamorphosis of bone, appears in dental roentgenograms as a black shadow, is often closely associated with the tooth apex and is accompanied by a destruction of the lamina dura and the apex of the affected tooth. It is due to the resorptive action of osteoclasis on the calcium element of the bone. This may be caused by biological, chemical, or mechanical processes.

A tooth showing only a small area of resorption may be a dangerous focus of infection, whereas one showing a large area of resorption may be liberating no infection in the system. Paradoxical as this may appear, it is, nonetheless, true.

Alveolar osteomyelitis in the acute stage gives no roentgenographic evidence of its presence. Very shortly, however, rarefaction appears about the root of the involved tooth area, resulting first in a darkened area, then a resorption, and later a proliferation of the bone.

Eburnation (bone condensation) appears as a white shadow because of an increase in the deposits of calcium salts and in density, and is usually found about a tooth root with a devitalized pulp. Perhaps its great significance is that it renders their extraction difficult.

X-ray examination of edentulous areas are of great importance as they are frequently the seat of focal infection, cystic growths, root fragments, necrotic areas, exfoliated bone, and areas of osteoclasia.

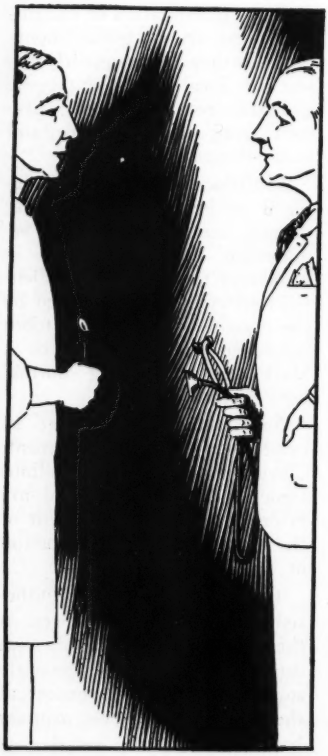
Multilocular cysts are recognized as black areas replacing normal mottling, without sequestrum formation and in proximity to a tooth root. Dentigerous cysts are recognized by the presence of a tooth or tooth substance in the center of a black area, replacing normal bone structure.

Sarcomatous tumors are of extremely rapid development. They invade the cancellous structure of the bone and are evidenced by an enlargement of the bony part and a destruction of the cancellous structure.

Carcinoma, being an epithelial tumor, when evidenced in the bone is always secondary in origin and most frequently spreads directly from cancer of the tongue. It is never primary bone tumor.

Looking Over *the* Edge *of the* Rut

By FASSETT EDWARDS, M. D.



How both dentist and physician may broaden their usefulness and avoid error by co-operation.

Dr. Fassett Edwards is an eye, ear, nose and throat specialist and presents several specific instances he has encountered.

He is a frequent contributor to medical journals and to COLLIER'S.

"Articles in our journals rather too often seem to be so painfully stiff, so difficult to absorb, that I'm fully resolved that there shall be no rigidity in this one," wrote Dr. Edwards—and kept his word by preparing an interesting, lively article.

IT seems to me that I detect a faint feeling of uncordiality in the relationship existing between dentist and physician—perhaps mild disdain on part of the physician and a shadow of an inferiority complex on part of the dentist. This, if it exists—and surely it is not always or even frequently the case—is to be deplored, because it does not make for the essential, completely cordial working partnership which must exist between these two branches of healing art and science.

The physician possibly acquires his reaction from the fact that he has spent a year or two of scholastic labor and internship in excess of the dentist's schooling, and naturally the dentist is aware of this disparity in training. Please note that I do not employ the word "education," since that may have little to do with schooling. (Many a highly educated man has had but little schooling.)

Furthermore, the physician may be inclined to regard the profession of dentistry as being chiefly a mechanical art idealized almost to a science; and the subconscious admission of this by the dentist (if and when) might account for the feeling of inferiority in professional comparison with his medical confrere.

One eagerly endeavors to find a remedy for this highly undesirable situation, admitting, for sake of the discussion, that it does exist in fact.

It occurs to me, as a specialist in eye, ear, nose and throat work, that a remedy exists in the broadening of the dental field of endeavor. If the dentist would enlarge his mental horizon by becoming a keen diagnostician, with a modern, full knowledge of general pathology—learning limited to dental pathology is not nearly enough to meet the requirements of such increased knowledge as will effect a genuine betterment of the present situation—and keep fairly well in touch with the latest advances of internal medicine (in which marvelous things are being done), he would thereby automatically achieve enhanced standing in his own mind, which in turn would certainly be reflected in the opinion of the physician. This would mean for the dental surgeon a broader outlook, a more comprehensive field of endeavor, and would operate to relieve him mentally of not a little of the monotony of his routine work.

A rut is extremely easy for us to attain, but the view from the bottom of it is neither extensive nor uplifting. It is like being a farmer or being a scientist who loves his land. The one is "bone labor," whereas the other enjoys a perpetual delight owing to the amplitude of view.

Again, since it is usually difficult to grasp the other fellow's point of point, perhaps it might help if both dentist and physician should try to stand in the other's shoes, to make there

kindly comparisons, to conjure up constructive hints.

It may be trite, but also it is true that the dentist, following as he does, a superspecialty, tends to become overspecialized. I wanted to make this little appeal for an augmented size of our respective fields, because anything which may sweeten our work as practitioners of medicine is highly desirable. Our life, plodding along day by day, in a dull routine of aches and pains, cavities and extractions, is not the most cheerful vocation known to man; and if we might have a little music, so to speak, to mix with our labors, how infinitely better it would become. Then we might perk up and note how brightly the sun really does shine.

Articles in our journals rather too often seem to be so painfully stiff, so difficult to absorb, that I'm fully resolved, right now, that there shall be no rigidity in this one. Nor am I going to take up a formal mass of maladies that come within the joint purview of dentist and physician. I shall consider merely a few of such conditions as seem to stand out with some prominence, not necessarily because of themselves but rather in a consideration of differential diagnosis, likewise as a possible means of causing us to think somewhat more profoundly in matters diagnostic—in short, to get our heads up out of the mental rut I spoke of a few lines back.

In lues the dentist frequently is the first practitioner to observe the secondary and diagnostic lesion, since the infecting chancre will long since have disappeared; and likewise this diagnostic opportunity will occur in Vincent's angina. I believe that more cases of trench mouth are handled by dentists than by physicians. It is assumed that in luetic disease the dentist will not endeavor to treat the mucous patches. He should be able to recognize them and never confuse them with the quite different lesions of Vincent's angina. Yet such confusion does appear to be rather frequent on both sides of the professional fence, and it is not readily excusable. A dentist told me the other day of a case where a physician had called him in to handle the treatment of Vincent's angina, and my friend at once tactfully diagnosed it properly—syphilis. One might plead in extenuation (if possessed of a particularly well developed sense of humor) that the same arsenical would cure both. Yes, quite so; but let's not be like some of the cults—in that we *do* need to diagnose in order to carry out *our* treatments.

A further word about the differential diagnosis of mucous patches and the mouth lesions of Vincent's angina—our evolutionist friends inform us that our sense of smell is sadly on the wane, that it no longer has any particular function. But it seems to me that as dentists it behooves us to retain it, if we would quickly and accurately

diagnose lues from Vincent's angina, particularly if the former be well advanced.

The odor of Vincent's is definitely diagnostic—like the odor of smallpox. I smelled scores of cases while overseas with the army in the Recent Disagreement, and it is impossible to forget that odor. Also I have sniffed sufficient luetic nasal cases to train me in their differentiation by the sense of smell. This knowledge has been of consummate value to me in civil practice. So I suggest that the next time you run across an honest-to-goodness case of trench mouth you take a good sniff at its odor and store away the memory of that stench. Then you might, when chance comes, perform the same with a case of luetic nasal or mouth disease. You'll easily note the difference and will never again confuse them for a moment. The sweetish, decayed-meat odor of trench mouth is unlike anything we might smell anywhere else, even in China, unless it be another case of the same disease. Curiously, the causal organisms of both of these diseases are bacteriologically much alike.

Another little point over which we physicians quite frequently stumble is in the treatment of deafness by opening the bite of those unfortunates who may have incurred a partial displacement of the mandible—generally due to loss of teeth. And it's a bad bet to overlook, since the D.D.S. can aid us with great effectiveness. While the mechanism of this type of deafness is not well understood, we do know that a misplaced articular surface of the ascending ramus of the mandible will impinge on the bearing surface of the glenoid fossa in such a faulty manner as to transmit numberless delicate blows against this fossa (in the act of mastication).

These tiny shocks are transmitted to the auditory nerve and hearing becomes impaired. Probably the pathologic condition is a kind of chronic congestion, since a well-opened bite seems to correct this type of deafness within a comparatively short time. If it were like the familiar otosclerosis, which we aurists see so often, recovery would not be so complete, nor take place so quickly.

Rather frequently the dentist will encounter a case of mastoiditis before it reaches the physician specialist. These often result from blood borne organisms coming from apical abscesses, perhaps less frequently from pericementitis, or they may be incubated in neglected pyorrhea. If the patient talks of having pain back of the auricle, it would not be amiss for the dental surgeon to take a peak at this part of the skull and to apply moderate pressure to the mastoid tip by hooking the index finger below it and pulling upward. If the patient feels a deep-seated pain in the mastoid when this pressure is applied—eliminating prior direct trauma—it would be presumptive evidence of mastoid

inflammation, if joined to some confirming history. At all events, it would be quite enough to afford you justification for packing off the patient to some specialist in such work.

Often we find inflammation of the maxillary antrum to come from diseased tooth structures. While I have no accurate figures in mind—if any exist—these diseased teeth seem to me to be at least half the time the exciting factor—perhaps it occurs even oftener. A natural structural defect in the antrum is that its floor is generally elevated by the roots of the upper teeth, particularly the first molars and bicuspids; and it follows that an apical abscess in these teeth is quite likely to raise hob, the only defense against the invasion of the antrum being a delicate sheet of bone overlaid by the mucous membrane lining the antral cavity.

It used to be the surgical fashion to invade the maxillary antrum by means of extracting a suitable and often sound tooth; but this is not often done nowadays. We prefer to do a Caldwell-Luc, cutting through the superior maxilla above the apices of the teeth. The route is well exposed in this operation, and it is not difficult to do, giving excellent access to the cavity. The incision is sutured firmly, after having packed the antral cavity and brought out an end of the strip gauze out through a liberal opening in the nose beneath the inferior turbinate. I recently had a case of this sort in which the causative organism was the colon bacillus. And what an odor!

The frontal sinuses frequently have inflammations—not so severe—in which the infection has originated in diseased teeth and gingival tissues. While we may not be able to pick up the infective organism separately from both places—mouth tissues and sinus—hold it up to the light, safely housed in a test tube, and triumphantly exclaim "Eureka" yet often the clinical history leaves little room for doubt as to the correctness of the diagnosis and its point of origin. It is easy to tap gently over the frontal sinuses with the end of the second finger—which seems to have been constructed particularly for this purpose—and thereby produce the deep-seated pain of a frontal sinusitis. If sinusitis be present the patient will promptly inform you of the pain reaction. This tapping may well be supplemented by hooking the index finger beneath the upper rim of the orbital cavity and pulling gently upward. That maneuver also produces much pain in case of an inflamed frontal sinus. Caution: Don't hook said finger on the superior orbital nerve. That will give pain without there being any sinusitis present. The supraorbital notch which carries the nerve is readily felt.

Just an additional word with regard to the maxillary antrum. Sometimes we run across a fis-

tula connecting the mouth cavity with the antrum, a fistula which is not easy to close. Often it carries considerable pus; and the usual dental attention which may include curettage will not suffice to close it. The only positive remedy I know is make a radical dissection of the fistulous tract and close it firmly. Such fistulae usually follow the socket of a tooth. And a little hint—before you curet such a fistula, or in fact do any curettage around the maxillary antrum, get a good sharp x-ray picture of the tissues thereabouts, and use it as a guide. Don't guess. It's too risky.

Also we must not forget that there may be an earache caused by disease of the maxillary antrum. This pain is referred to the ear canal, just as is the pain in tonsilitis. Speaking of tonsils, it occurs to me that it is well within the province of the dentist (who is likewise an aural surgeon) to show his diagnostic keenness by looking at the tonsils—in suitable cases coming to his attention. He may do his patient a great favor by referring him to some specialist for attention to tonsils that may be in an abnormal condition. The dentist may safely leave the final diagnosis to the medical specialist as to whether the tonsils should be removed or left. The diagnosis is the thing. Such attention to one's dental patients assuredly promotes a belief on part of the patient that he is getting his money's worth—and he is—and he will have an even better opinion of his dentist's surgical learning. I don't suggest this as a routine; yet it is a thought worth remembering.

Impacted teeth frequently cause an earache—but why tell you this? Surely all dentists are well versed in every last detail regarding impactions. They must be considering the large number seen, particularly the third molars, which are now undergoing advanced evolutionary change. A dentist friend told me today of an unusual impaction which came to his attention, causing a queer complex of indefinite referred pains in the ears and elsewhere about the face. The impaction was an upper cuspid, which had its root thrust between and wound around the roots of a neighborly first bicuspid.

The physician may be led into making some first-class mistakes by irregular pains of neuralgic character, if he forgets his dentistry, in the case of pulp stones. This infrequent condition may be so obscured as to make us overlook the tiny concretions in our wild effort to diagnose the case and afford relief from the pain. The x-ray picture for such diagnostic work must be of the very best.

And the oculist slips considerably when he vainly strives to relieve headache caused by impacted teeth. Impactions of cuspids when they occur often give rise to severe headache, which is all too often treated by the easy-to-handle coaltar drugs, and by the fitting of useless and expen-

sive glasses. Again, please page the dentist!

In the early treatment of malnutrition cases, we dentists and physicians may work happily together, with exceeding benefit to our clientele. The not too savory codliver oil early in life is certainly of high value in the production of well-nourished tooth buds, strong, well calcified bones, and firmly set teeth. And it happens that this does not end the virtues of this racy oil—often I use it with gratifying result in diseases of both the exterior and interior of the eye. It has a specific action on corneal tissue.

I greatly question whether dentists prescribe anything like enough codliver oil, just as they rarely write a prescription for a simple tonic. As I write this article, there is playing about my desk my five-year-old daughter, who has been fed codliver oil since she was one month old. She is the size of an eight-year-old, well boned, deep chested, solid of flesh, and her teeth are a joy to study. She has never been ill. I'll stop the oil at her sixth year, and expect her to thank me later in life for inflicting the stuff upon her, although she really doesn't mind it at all. We caught her young enough.

There might be some contention raised that dental restorations are a much more important part of a dentist's work than is the prescribing of codliver oil. It is admitted that the edentate person is in bad shape—not a doubt. Yet, in a pinch he could get along through life (or what's left of it) by having his food chewed by a machine instead of teeth. But if he did not have a good body, with proper bony framework, he probably would not need any food—mechanically or naturally masticated. However, I'll concede that the point is more academic than otherwise.

We never stand alone in the practice of our profession of medicine—no man is sufficient unto himself. Always we need help and counsel.

Examination for Appointment to Dental Corps, U. S. N.

A competitive examination for appointment to the Dental Corps of the United States Navy will begin June 15, 1931, at the U. S. Naval Medical School, Washington, D. C. Candidates must be citizens of the United States, between twenty-one and thirty-two years of age at the time of appointment, and graduates of recognized dental schools. The examination will be both theoretical and clinical and the usual duration is about seven days. A circular containing full information relative to the Dental Corps and the prescribed form of application may be obtained from the Bureau of Medicine and Surgery, Navy Department, Washington, D. C. No allowance is made for the expense of applicants appearing for examination.—C. R. RIGGS, *Surgeon-General, U. S. Navy.*

A Builder *of* MEN

By T. N. CHRISTIAN, D. D. S.

Assistant Publisher, Oral Hygiene

"A bed of boughs beside the trail,
Beneath the whisp'ring pine,
A campfire bright, a star-lit night,
And the inward peace of an awed delight—
Such a life is mine."

About Dr. H. C. Pollock's interesting avocation.

IF he had not spent so much time working with boys, if he had not been able to sense the beauty of the life the above lines portray, and if he had not determined that he would give to boys the privilege of learning the charm of the great outdoors, this story might never have been written.

Of the man's professional accomplishments, we need say little. Dental literature has recorded that. He is Dr. H. C. Pollock, of St. Louis, who is known internationally as an orthodontist. The setting of this story is, however, far removed from St. Louis, and from orthodontia. It lies out in the heart of the Rocky Mountains, in the southwestern part of Colorado where there is still much of the wildness and the beauty the Old West knew.

Going back a few years, we find Doctor Pollock practicing orthodontia in St. Louis, where the strenuous effort and study he put into his work was beginning to reflect upon his health. Being in a rather rundown physical condition, he was advised by his physician to take a leave of absence from his office, spend several months out of doors, and go back to Nature, if possible.

A mountain ranch near the town of Durango, Colorado, had been the property of the

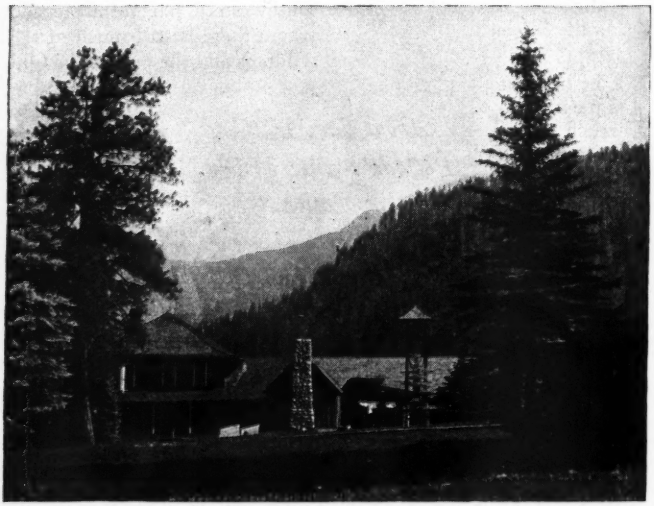
Pollock family for many years; and it was here that Doctor Pollock decided to spend his vacation.

Photography is one of his hobbies and, while on the ranch, he spent much of his time taking pictures of this delightful country. Upon his return to St. Louis, he showed these pictures to some of his professional friends and they were so enthusiastic about the life and the country that Doctor Pollock decided he would make the privileges of this ranch available to the sons of his colleagues and friends.

Rancho Mesa Verde for boys was thus conceived, and it has developed into one of the most unusual recreational ventures in America. Resolved to create the unusual in boys' camps, Doctor Pollock established his camp as a miniature "old-time cowboy outfit," which, in reality, takes the form of an expedition through the mountains of the Mesa Verde country.

Rancho Mesa Verde contains about 320 acres and accommodates 40 boys each season. Everything is planned to give the boys an original and entirely western atmosphere. They are housed in Mexican cedar pole cabins, chinked with adobe in the Mexican style.

The boys stay at Rancho Mesa Verde about two weeks only of the summer period. The rest of the summer is spent on the trail.



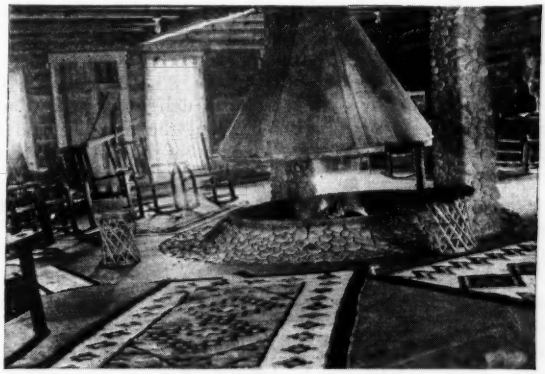
Ranch Building at Teelawuket

with covered wagons, the boys making their nightly camps out under the starry Colorado skies.

When the boys arrive at the rancho, each is assigned a cow pony which is his for the season. They are all taught how to handle their mounts and equipment by the cowboys who are re-

fringed gauntlets, Indians in their bright blankets, and the breath of the old frontier over it all. It makes an unforgettable picture.

Manly pursuits, clean, healthful exercise, and wholesome food build into these boys at Rancho Mesa Verde an appreciation of



Recreation room or "hogan" at Teelawuket

tained as instructors. On the mobile expedition, they learn to pack a horse, throw hitches, and to take care of themselves and their horses in the open. Those in charge of the pack trips are a guide, a cook, a horse wrangler and a counsellor.

While on the trail, the boys visit various ranches, round-ups, fishing grounds, and the famous Monte Vista Stampede. The latter is a unique and vivid spectacle. For three days the wide main street of Monte Vista is a surging mass of color and life; cowboys in chaps and gay shirts, cowgirls in Stetson hats and

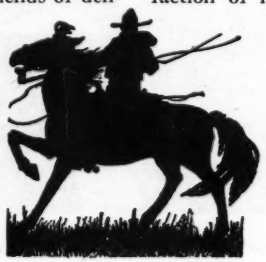
the joy of living and the value of robust, useful lives. Could anyone be engaged in a more constructive and enjoyable avocation?

The success of Rancho Mesa Verde was so pronounced that Doctor Pollock decided to establish a dude ranch where the parents and friends of these boys might come to obtain the same benefits. Accordingly, the Teelawuket Dude Ranch was established about 40 miles from the boys' camp. It is a modernized mountain ranch of 2,000 acres, extending five miles along the Los Pinos River, where

adults may enjoy a combination of western life and modern conveniences.

Teelawuket provides excellent quarters in cabins, tent houses, and a main lodging building. Guests may enjoy horseback riding, sports, fishing, dancing, trapshooting, hikes, and may even assist the ranch hands with the livestock. Side trips into the picturesque and historical cliff-dwellers' country are also interesting diversions.

Needless to say, many of the boys at Rancho Mesa Verde are sons, patients, or friends of dentists; and at Teelawuket you may often find as many as fifteen dentists at one time. Doctor Pollock says that the dental profession has probably had more to do with the success of these two enterprises than any other single influence.



It is not necessary for Doctor Pollock to devote much of his time to the actual management of his ranches. He has a capable business organization that manages them, leaving his time to his profession and the mere directing of the policy of his enterprises.

Today Doctor Pollock is a healthier, happier man because of this delightful avocation. He has had the pleasure and satisfaction of not only building a successful business, but also the greater gratification of knowing that he has contributed much to the enjoyment, health, and happiness of others. *Such a life is his.*

Public Health Service Examination

Examination of candidates for commission as Assistant Dental Surgeon in the Regular Corps of the U. S. Public Health Service will be held at Washington, D. C., on June 15, 1931.

Candidates must be 23 years and not over 32 years of age. They must have been graduated in dentistry at a reputable dental college, and have had a total of 7 years' educational training and practical experience. They must undergo a thorough physical examination and must satisfactorily pass oral, written, and clinical tests before a board of officers.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Request for information or permission to take this examination should be addressed to the Surgeon General, U. S. Public Health Service, Washington, D. C.

What is "Prudential" Panel Dentistry?

By FRANK W. BROCK

THE Prudential Society of America was incorporated under the laws of the State of New Jersey on March 10, 1927, with the following officers: President, Charles Henry Kinney; Vice-President, Edward D. Ring; Secretary and Treasurer, Edward Ehlers, all of Montclair, N. J. The directorate at that time consisted of the same individuals. It is not connected with the Prudential Society of England* and the brand of dentistry it is attempting to purvey in the United States is not Panel Dentistry in the English sense of the phrase.

The borrowing habit of the prime mover in this little enterprise is responsible for his use of the words. How that habit has grown on him will be explained. First, let us glance at a couple of paragraphs of what might be termed a Declaration of Principles. Keep these precepts in your mind as you read the facts which follow:

The Prudential Society of America is an international institution, representing the highest standards of efficiency, and the gentlemen who form the Advisory Board were not prompted in their affiliation by any selfish or ulterior motive, and their prominence in the business world would not permit of lending their prestige to a proposition that did not stand out in all its appealingness, nor one that did not have an impregnable foundation of honesty of purpose.

Its Advisory Board comprises men of prominence; men of experience; men of sterling character; men of sound reasoning power; and men of potential business ability pledged to the tenets of the Prudential Plan, significant for its completeness and for the reliability of the service it offers. It is the embodiment of the highest aims and purposes of its founders. It exerts an economic and educational benefit that is little less than gigantic in its scope and influence; for, after all, mutual confidence between an institution and its patrons is indispensable to its success.

In this jargon does Charles Henry Kinney, its president, set forth the aims and aspirations of his "Society." The quotation appears in a leaflet advertising the "Prudential Accident Service Policy" for automobile owners and drivers. Similar organizations in New York State have recently encountered legal opposition and their promotors have disappeared. I believe Mr. Kinney, also, has abandoned this project.

Where Kinney obtained the name "Prudential" or the

*Neither is it to be confused with the Prudential *Insurance* Company of America (well-known Gibraltar-strong insurance company).

phrase "Prudentialize Your Life" which appears as a part of his trade mark is not for me to say, but the proximity and prominence of the Prudential Insurance Company of America in Newark, might have had its influence. The two names are, to say the least, confusing, and not to the disadvantage of Mr. Kinney's "Society."

Long before this, however, this same Charles Henry Kinney established the "Better Business Bureau of Montclair, N. J." There is no need for speculation here. That name was appropriated without permission, and neither Mr. Kinney nor his "Better Business Bureau" are recognized by any of the legitimate Better Business Bureaus in fifty-odd cities of the United States and Canada.

In this connection Mr. Kinney was editor of the *Better Business Bulletin* which was devoted to the advertising of firms "Endorsed by the Better Business Bureau" (something no reputable Bureau ever does). The reading matter of the *Bulletin* consisted of leading articles criticizing savings banks for the low rates of interest they paid, in which he quoted "an altruistic institution," The Thrift and Savings Society of New Jersey, for which Kinney himself had filed a trade name certificate in 1924. This "altruistic institution" was, at the time, endeavoring to obtain deposits on a 4½% basis, as evidenced by a full page advertisement in the *Better Business Bulletin* although this advertisement, by the way, is the only one which did not carry the line, "Endorsed by the Better Business Bureau."

So much for the background.

Following the appearance of the Panel Dentistry article in the November issue of ORAL HYGIENE* I spent one Saturday afternoon in New Jersey. Learning that a dentist in a nearby town had invested $36 in a Prudential Society contract I visited him. He seemed to regard the whole affair as half joke and half lesson.

He said that the only thing he had ever received for his money was a copy of the contract left with him by Kinney when he collected the $36. He hasn't even seen Kinney since that day. (Kinney later told me that the consideration for a dentist to join the Prudential Society was the $1 specified in the contract, but he did not know at the time that I had interviewed one of his members.)

The Board of Registration and Examination of the State of New Jersey has evidenced an interest in this latest enterprise of Mr. Kinney's, and the contract has been turned over by the dentist to one of the Board's detectives for such use as he may see fit to make of it. There may be another story in that. But I am anxious to tell you about Mr. Kinney.

I arrived at his office one afternoon about half past four

*ORAL HYGIENE, November 1930, p. 2388.

and found a man about fifty-five years old talking to a poorly dressed man who might have been a Prudential (Society of America) policyholder. He was quickly dismissed, however, and Mr. Kinney turned to me. I told him that ORAL HYGIENE had requested me to see him and learn further details about the Prudential Plan of Panel Dentistry, so Mr. Kinney graciously said, "I don't care what you say about me, or whether it is good or bad, just as long as you say something." Very well.

The American headquarters of this "international institution" occupies a single room in a small building on a side street in Montclair, N. J. From the appearance and facilities of the office it was quite evident that Mr. Kinney was the sole occupant. There was not even a telephone whereby he might communicate with those "men of prominence; men of experience; men of sterling character, etc.," who comprise the Advisory Board. It may be peculiar, but in none of the literature provided by Mr. Kinney could I find the names of these blushing violets.

In the original ORAL HYGIENE article* it was stated that the Prudential Society claimed to have 120 branch offices in the United States. It developed during the interview that long before the idea of Panel Dentistry had been conveyed to Kinney he had been in communication with lawyers in various parts of the country and, according to his statement to me, he had succeeded in obtaining contracts with a number of them to serve Prudential (Society of America) policyholders in some capacity and that he had arbitrarily designated these, "branch offices." I don't think they are, do you?

One of Kinney's contracts, not the Prudential "Health Policy," provides that these lawyers are to give free legal advice to Prudental (Society of America) policyholders, although they may make a charge for any other service they may perform —and there is no stipulation that the fee is to be a modest one.

Kinney told me he had a staff of optometrists who would be glad to examine the eyes of Prudential (Society of America) policyholders once a year without charge. Here again there was no stipulation as to what fees should be charged for subsequent services — if any are needed.

A free physical examination by Prudential physicians will be given to Prudential (Society of America) policyholders. No fees are quoted.

Only the dentist who signs a Prudential contract is seemingly bound by fee restrictions although apparently this applies to x-rays only. In his original letter to the New Jersey dentist, Kinney says, "Have you modern facilities for taking x-ray pictures? Will you make a complete set (11) for our members

*ORAL HYGIENE, November 1930, p. 2389.

at a maximum of $5?" This was the introduction; and when Kinney called, he stipulated that a maximum charge of $5 was to be made to Prudential (Society of America) policyholders.

It may not be material, but on the occasion of my call on this dentist, I noticed a prominent sign in his office to the effect that $5 was his regular charge to all patients. When I questioned him about it, he told me that this had been in effect for some time, so the Prudential (Society of America) policyholders obtain no advantage in price in this instance. There is no provision to this effect in the regular contract—as I will subsequently show—and it is quite possible that Mr. Kinney noticed the sign (as I did) and made it a part of his sales talk.

During the Kinney interview, I repeatedly tried to turn his monologue into dental channels, but I was only partly successful and although he stated that he had received "thousands of letters" from dentists, I saw only one; and Mr. Kinney admitted that he had "signed up" only eight dentists. If Mr. Kinney's knowledge of dentistry or "panel" dentistry is profound, he was very successful in keeping that fact from me. Yet he was not reticent. On the contrary, he impressed me as a man who would be quite willing to discuss relativity with Einstein.

He speaks casually of his acquaintance with the great and the near great. In one instance his claim to close friendship was found to be exaggerated, inasmuch as the prominent man stated that although he recalled having received a number of letters from Kinney he had replied to none of them and had never met the man!

The Prudential "Health Policy," issued to members of Kinney's "Society," of which I have a copy, contains the following paragraph:

EXAMINATION OF THE TEETH

The Prudential practitioner attached to this division of the Prudential Health Policy will make an exacting and scientific examination of said member's teeth employing such means as may be necessary for an intelligent interpretation. Advice and suggestions will be outlined as to treatment, repair, or replacement. If work upon same is imperative and the member requests a written estimate, the same shall be carefully prepared without obligation on the part of the holder of this policy and without liability, financial or otherwise, on the part of the Society. All the skill and knowledge of the Practitioner will be employed to bring about a satisfactory and appealing solution of any existing trouble. Good teeth are essential to good health, and the object of this society is to present and exploit an intelligent and useful service as it attaches to better living, which means longer life, a more healthful condition, the elimination of disease, and an augmented, complacent mental attitude or state of mind. There will be no fee, nor obligation by the member for said examination or estimate; this service is absolutely free to members of The Prudential Society of America. All examina-

tions will be made without prejudice.

The contract made with the dentist reads:

The Prudential Society of America

AGREEMENT

In consideration of One Dollar ($1.00), in hand paid, the receipt of which is hereby acknowledged, and other valuable considerations and privileges, it is mutually understood and agreed, by and between the parties hereto, that The Prudential Society of America, whose principal office is located in Montclair, County of Essex and State of New Jersey, does appoint and constitute the said, (John Doe) whose office is located at (address) A Prudential Doctor of Dental Surgery (Panel Dentistry Division) within the territorial limits thereof, for a period of one year from the date hereof, and the said Practitioner will comply in spirit and deed with the provisions outlined in and a part of THE PRUDENTIAL HEALTH POLICY as hereinafter expressed, to wit:

The Prudential Society of America, once in each year, during the term of said policy, or more often if the Society elects, at a time to be determined by the Society, or upon request, once in each year, during the same period, at a time convenient to the holder thereof and the Examining Practitioner, will provide a card or letter of introduction to the authorized Prudential Specialist, representing that particular section of the Prudential Health Policy, nearest to the home address of the member given therein and the said Specialist will make agreeable to the holder, an examination, etc., as outlined in the following, which represents a distinctive section of the Prudential Health Policy.

This is followed by the paragraph from the "Health Policy" quoted above, entitled "Examination of the Teeth." This constitutes the essence of the "Panel Dentistry Division" of the Prudential (Society of America), nothing more, nothing less.

These are the facts, not only about the contract, but also about the man behind it so far as the limits of public print will permit me to give them to you.

Do You Keep a Scrap Book?

An interesting suggestion has come to us from several dentists. It occurred to us that the suggestion might have interest for your readers.

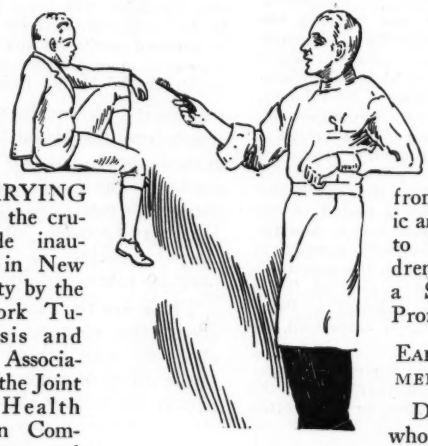
These dentists have written us for material which they wish to use in scrap books that they are preparing on health and dietetic subjects. The scrap books are kept in their waiting rooms and read by patients.

In answer to the requests that come to us we are sending our several reprints of articles reporting recent dental research by Dr. Howe and Dr. Hanke.

Undoubtedly, a number of others have reprints and educational booklets that would lend interest to a scrap book of this type.—R. S. SIMMONS, *Dietetic Research Department, California Fruit Growers Exchange,* Los Angeles, Calif.

TRACY and CLAPP

Add Voices to Child Dentistry Crusade



By a STAFF REPORTER

CARRYING on the crusade inaugurated in New York City by the New York Tuberculosis and Health Association and the Joint Dental Health Education Committee, composed of The First and Second District Dental Societies of the State of New York, the Allied Dental Council, the Oral Hygiene Committee, and the New York Academy of Dentistry, the Allied Dental Council, on March 31, 1931, presented a symposium on the Dental Care of Children. The essayists were Dr. Wm. D. Tracy, who spoke on "The Problem of Dentistry for Children," and Dr. George Wood Clapp, who presented the question of children's dentistry from the economic angle in "How to Make Children's Dentistry a Source of Profit."

EARLY TREATMENT STRESSED

Doctor Tracy, who has thrown himself full-heartedly into the crusade, lost little time in preliminaries and plunged directly into the imperative necessity for early and conscientious treatment of children's teeth. While granting that there is no 100 per cent method at our disposal today to prevent the incidence of caries in children's teeth, he declared that it is possible for the dental profession effectively to treat the many pits, fissures, and small cavities that present in their practice, and thus mini-

mize the ravages of uncontrolled decay. Recent announcements that tooth-brushing does not necessarily prevent decay of the teeth, Doctor Tracy said, may be correct, but he still believes that systematic brushing is beneficial in giving healthy tone to the soft tissues of the mouth, and perhaps also to the teeth.

Dentistry, according to Doctor Tracy, is facing a serious problem in the care of children's teeth. The radio, the schools, advertisements in the newspapers and magazines, health associations, boards of education, parents' associations, and other agencies, are bringing the message of dentistry for children into the home more and more; and parents are bringing their children, especially pre-school children, to the dentist. It is, therefore, essential, said Doctor Tracy, that the dentist adequately treat these youngsters and give them the same care that they give adults. It is the dentist's responsibility to care for children's teeth and also to enlighten parents further on the results of neglect.

A Fallacious Belief

The belief that children do not need their deciduous teeth is, Doctor Tracy emphasized, fallacious. For health, complete masticatory function is essential, and the loss of a tooth, or several teeth, sets up a vicious circle of ill-health traceable to malnutrition. The problems of infected deciduous pulps and of possible foci of infection require the constant care and supervision of the dental profession.

Doctor Tracy recommended that all infected pulps or pulpless teeth be extracted. Space retainers should always be placed in order to maintain the alignment and function of the remaining teeth, and also to assure the health of the coming adult teeth.

Diet a Factor

He also advised that all children be placed on an adequate dietary consisting of a plentiful supply of root and leafy vegetables, fruits, milk, and whole grain foods. He declared that a reduction in the consumption of sugars and candies would also be beneficial.

The economic aspects of children's dentistry, as presented by Dr. George W. Clapp, threw a new and illuminating light on the subject. He showed that children's dentistry is not only profitable to the dental practice, but is of greater value than a complete adult practice. As Doctor Clapp is editor of *The Dental Digest* and a constant student of the economics of dental practice, he was able to offer many facts to prove his statements.

Doctor Clapp explained that children's dentistry may contribute to the financial success of the practitioner in three ways: (1) Children may be made a source of increased income; (2) Children may be

made a source of building up a full practice; and (3) Children may be made a source of better professional standards.

Doctor Clapp showed, by a comparison with adult practice, that children's dentistry is lucrative and a source of increased income to the established dentist. For instance, he demonstrated that a full adult practice was frequently not a success, owing to operations requiring more time than was anticipated, and also to unexpected laboratory expenses which often exceed those expected when an estimate is given to the patient. Furthermore, the insurance policy idea that patients have when they pay large fees in many cases makes it necessary for the dentist to suffer a loss. Then, too, there is the difficulty of collecting large restorative bills.

In contrast to the above, the practice of children's dentistry permits a rapid succession of small cases which require little time and which are customarily paid for upon completion of the daily work. The materials used in children's dentistry are not expensive, Doctor Clapp said, and little time is wasted by the dentist in persuading the patient to take the required service, much of which can be done by a well-trained secretary or hygienist.

Practice Insurance

Another phase of children's dentistry presented by Doctor Clapp was that this work is not only immediately profitable, but also makes for a continued, full, active practice for the dentist at the age when many practitioners with an adult practice suffer a loss of income. Doctor Clapp's investigations and the observations have clearly shown that "with pathetic regularity, between the ages of 48 and 52, the dentist begins to slip and soon becomes financially dependent." The reason for this change in the practice of dentists of this age, he believes, is due to the death and removal of the adult patients who were the source of lucrative practice in the dentist's earlier years. On the other hand, dentists who like children and make them a part of their practice, always have full years and continue to enjoy a full practice as long as they can operate.

A Source of New Practice

Contrary to the customary belief that there is a lack of financial return from children's dentistry, Doctor Clapp maintains there is profit and success in its practice; that it wins over new patients, especially children, who, when well satisfied, are the best means of advertising one's merits; and that these children remain in the practice and, when grown, will bring their children.

"A dental practice rich in children does not dwindle, as does the practice poor in children dwindle, when the dentist grows old," was the parting thought Doctor Clapp gave his listeners.

How to Rebase
DENTURES

By K. F. MITCHEL, D. D. S.

A Simple but Accurate Method

AFTER reading several articles lately on rebasing dentures, I have been surprised at their intricacy, the element of inaccuracy that each contains, and at the crudeness of the finished product in almost every case.

In some of them the articulation of the teeth after the operation is completed has not been taken into consideration. In others the finished dentures are considerably thicker than they were originally while still others are so complicated and time-consuming that it would pay the operator to make an entire new denture.

The following method may be used for refitting loose dentures, upper or lower, where there is no desire to open the bite. Opening the bite by rebasing will be discussed at the end of the article.

Let us first consider the technique for an upper denture:

1. Remove all undercuts from the periphery of the denture with a large vulcanite bur and relieve any hard areas in the same manner.

2. Make a thin mixture of impression plaster, such as would be used for a plaster wash, and spread this evenly over the inside of the denture. Shake off the excess plaster and put the denture in place in the mouth. Have the patient close tightly in occlusion and hold the jaws in this position until the plaster has set thoroughly. If muscle trimming is desired, it may be obtained by having the patient work the lips and cheeks while the plaster is setting. This method not only gives a closed mouth impression but it also produces one under biting stress, as has been advocated by so many of the modern authorities on prosthetics.

3. After the plaster has set thoroughly, remove the denture from the mouth and treat it as an ordinary impression, i. e., wax on a peripheral seal, cut out a suction chamber, or any method you may have of treating your impressions.

4. Paint the impression immediately with a good stain and separating medium, and pour up the cast. After the cast plaster has partially set, trim it and the impression plaster so that the sides of the denture flanges and

the sides of the cast form a continuous surface.

5. After the cast has set thoroughly, separate it from the denture by tapping lightly around the flanges. If all the undercuts have been removed from the original denture, it will separate easily. *Do not remove any of the plaster wash at this point.*

6. With a sharp, square bur, cut out the palate through the rubber and plaster wash to within a quarter inch of the lingual surfaces of the teeth, and with a file or arbor, trim the periphery so that the new rubber will show an even width the whole way around. Place the denture back on the cast and adapt a sheet of base plate wax in the palate. Blend this wax to the edge of the rubber with a hot spatula and fill in any places that may be necessary. Fill in with wax around the periphery.

7. Flask and separate as you would a new denture and boil out the wax. With a large, round excavating bur, freshen and roughen the surfaces of rubber exposed and place a double thickness of rubber over the whole. Take a trial closure, for the new layer of rubber is thin and must be pressed perfectly if accurate results are to be obtained. Trim off the excess rubber and vulcanize as a repair.

For a lower denture, the impression technique is the same, but differs slightly in the subsequent operations:

1. Paint the impression with a good stain and separating medium, as in the upper.

2. Half flask the denture, teeth down, and bring the flasking plaster to within an eighth of an inch of the edge of the impression. Paint the whole with a separating medium and pour the top.

3. Separate without boiling; chip out the plaster wash; trim the edge of the denture flush with the edge of the plaster; freshen the surface of the rubber, and pack.

When you desire to open the bite by this method, all that need be changed is the first part of the impression taking:

1. Place an even layer of soft modeling compound in the upper denture first and have the patient close in occlusion until the incisal edges of the upper centrals are at the normal lip line.

2. Place compound in the lower denture and have the patient close the desired amount.

3. Proceed as in any ordinary case.

If this method is followed exactly, step by step, you will find that the results will be gratifying and your success will be consistent.

Children's Dentistry

I must congratulate you on your articles on children's dentistry and the prevention of decay. This is what dentists need.—SUMNER GLEASON, M.D., Health Commissioner, *Davis County, Utah*

IF *the* AUTOPSY Had Not Been Done*—

By JOHN BELL WILLIAMS, Ph.G., D.D.S., F.A.C.D.

McGuire Clinic, St. Luke's Hospital, Richmond, Virginia

WHEN a strong and healthy 19-year-old boy has a tooth extracted on Monday, develops symptoms simulating meningitis on the next Sunday, and proceeds to die on the following Thursday, it is natural to conclude that the dental operation was responsible for his death.

Dr. Williams reports a case in which death follows the extraction of a tooth.

An autopsy clearly exonerated the dentist.

The needle used for conductive anesthesia is a long one. The unseen tissues through which it passes are varied and vital; openings into the base of the brain are invisible and inviting. Then, too, there is the possibility of fracture or other injury to the jaw, as well as the probability of blood stream infection or embolism.

But first let us get all the facts in sequence and see.

A 19-year-old boy (case record No. 32074) was admitted to St. Luke's Hospital on Sunday, November 2, 1930, in a semi-conscious state. He had always enjoyed the blessings of good health. On Monday, October 27, 1930, he had consulted his dentist because of pain in the right side of his head and jaw.

After careful examination the dentist advised the removal of the lower right first molar. The operation was performed satisfactorily under conductive anesthesia. He continued to have a dull pain in the frontal region. On Friday of this same week, when returning from work, he noticed a sudden sharp pain in his forehead.

About noon on Sunday he

*Presented to the Richmond, Virginia, Dental Society.

had a severe frontal headache and slight convulsion. His physician was called and found the patient in a semi-conscious state, with nausea and vomiting. He was then admitted to St. Luke's Hospital, arriving there drowsy, but able to answer questions. The tissues in the region of the extracted tooth were in excellent condition, there being a good blood clot in the tooth socket and no evidence of trauma, tooth roots, or infection. An x-ray examination of the whole skull was negative.

He was examined by a neurologist who found blood in the spinal fluid to confirm his tentative diagnosis of sub-dural hemorrhage. At this stage, two questions grasped our attention: where is the hemorrhage coming from, and how can it be stopped? Just then the patient died of respiratory paralysis on Thursday, November 6. Unfortunately, the chances of saving his life were gone, but the opportunity for exonerating the dentist was still open.

An autopsy was done. When the skull was opened, a large quantity of free blood was seen in the cranial cavity, and a large sub-dural clot was observed on the right side in the temporal region. Associated with the middle cerebral artery about two inches beyond the point where it leaves the circle of Willis was found a ruptured congenital aneurysmal sac. While this condition is not commonly seen, it occurs often enough to warrant a place in medical literature, as indicated by reports on thirty cases studied in connection with this case.

The symptoms seem to be uniform in that there is a sudden onset without a previous history of injury or trauma; a severe headache seems common, together with semi-consciousness, vomiting, and confusion. The ages of the reported cases were from eight years to forty-five years, but the majority died before reaching the age of twenty-two. The main necropsy findings were aneurysms of cerebral vessels, usually multiple and located at or near the bifurcation of vessels. Microscopic sections are invariably recorded as showing defects in the muscularis.

So this boy was born to die on Thursday, November 6, 1930. The early symptoms of his fatal illness were reflected to a diseased tooth. The autopsy proved conclusively that a thin-walled, vascular anomaly had caused his death.

If the autopsy had not been done, the cause of death might have been settled by the courts of justice.

A Portrait of Dr. Brophy

The sketch of the late Dr. Truman W. Brophy which appeared some time ago in ORAL HYGIENE has been enlarged by Mr. Nigel S. Wigston, Box 322, Tujunga, Calif., from whom copies may be secured at $2.00 each. Order direct from Mr. Wigston.

By
DIAGNOSTICIAN

Feeling the Dental Pulse

FROM CANADA

ANYONE glancing about the cosmos observes, here and there, the forces of unrest at work. The Spanish king has joined the ever-increasing circle of "has beens." South America and Central America are the scenes of wild orgies of revolution and social upheavals. Election returns from certain parts of the United States show the more orderly forces of change at work. In the field of dentistry we observe on one hand widespread economic dissatisfaction among dentists, and on the other hand an increasing displeasure among the public regarding the expense and unavailability of dental services. Human society is forever in flux and change.

From the newspapers of British Columbia we learn that there has been introduced in the Provincial Legislature a bill to amend the dentistry act of 1917. In vitriolic editorials appearing in the *Vancouver Province* and the *New Westminster British Columbian* we find violent objections to such amendments.

Without pretending to pass on the merits of such a bill, it is interesting to examine the comments and objections of the newspapers, which both express and mold the public opinion. It appears that the bill possesses two features held to be objectionable by the newspapers: first, it places too much power in the hands of the Council of the College of Dental Surgeons; second, it prohibits advertising by dentists. And from advertising, of course, newspapers derive their major revenue.

The bill, as it appears to us, represents an attempt on the part of a dental organization to supervise the professional conduct of its members. Heretofore, dental societies have always exercised the right to expel from their organizations such persons guilty of unprofessional conduct. The British Columbia plan is intended to give the Council of the College of Dental Surgeons the power not

only to expel from organization membership, *but also from dental practice.*

Much can be said, both pro and contra, about the British Columbia bill as it is reported by the newspapers. The definite advantages of such a measure are: close *professional* control over unscrupulous and incompetent practitioners; protection of the public by such a control; regulation of dental practice to fit changing social and professional conditions; the possible definition of the boundary that separates the practice of dentistry from the practice of medicine. If the practice of dentistry permits a person to "treat diseases of the teeth and jaws," does this imply both local and systemic therapy? Is a dentist within his legal right to prescribe drugs, for instance, the results of which are local but which are taken internally? Should a serum be discovered that had some control over dental disease would the dentist *legally* be allowed to inject it intravenously? The increasing emphasis that is being placed on studies in endocrinology, calcium metabolism, immunology, etc., and their relationship to dental disease makes such a definition of the practice of dentistry imperative. I, for one, am not at all sure whether I am within my legal right or not when I give dietary instructions and collect a fee for such advice. And, as an aside on dental economics, I believe that for such non-technical things as instructions in oral hygiene, toothbrush drills, soft-tissue massages, diagnosis, consultations, etc., the dentist is entitled to and should collect a fee.

Perhaps, the objection made that members of a profession should not sit as both judge and jury at the trial of a member of the profession for unprofessional conduct is well taken. "The government," says the *New Westminster British Columbian,* "should also hesitate to put into the hands of that man's competitors the right and power to judge and sentence him." Unfortunately, there is often a certain amount of political chicanery in many dental organizations; and it is conceivable that a man unorthodox, but not vicious, in practice might be punished by conspiring dental politicians. *"Jalousie de métier,"* as Axel Munthe in his book, "The Story of San Michele," calls professional jealousies, might incite a reprimand of a conspicuously successful dentist.

But, withal, the idea of the British Columbia dentists should be encouraged in other provinces of Canada and in the United States. The gross inefficiency of many governments in the supervision of dental practice is well known. In many parts of the country dental organizations have done splendid work in the investigation and presentation of evidence of unscrupulous unlicensed dentists to the governmental enforcing officers only to have the cases poorly prose-

cuted in court, if at all, and the defendants dismissed with fines. The dental laws in most places need "teeth" put in them—in fact, entire new dentures.

The newspaper flag-waving for the rights of the advertising dentist is probably the result of the liason between the business manager and the editorial office. Newspapers cannot be expected to condemn a practice which brings them revenue.

* * *

The Technique of the Gentleman

MR. GEORGE B. MASSLICH, Superintendent of the Chicago and Cook County School for Boys, in an address before the annual meeting of the Chicago Dental Society as reported by the *Chicago Daily News,* has originated a phrase which we should all remember: "The Technique of the Gentleman."

In this age of unrest when there is some danger that many of the professional ideals of dental practice may be lost in the maelstrom of fierce commercialism it is well to remember that those intimate, personal, confidential relationships which the dentist enjoys transcend economics. The old family dentist —sometimes baggy at the knee, often unconcerned with the very latest methods in dental practice—occupied a position of respect in the community which some of his swanky modern successors have failed to achieve. There is a satisfaction that comes from dental practice that is not measurable in terms of money. The joy in creation, the spirit of craftsmanship, the relief of pain and the promotion of health, all the little and big problems and confidences that our patients pour into our ears are, for want of a better term, the spiritual income from dental practice.

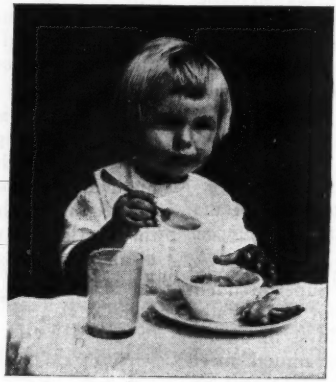
Said Mr. Masslich: "If my psychology is right, the dentist may actually reduce juvenile delinquency by adding to his dental technique the technique of the gentleman, the upholder of ideals, the inspiration of right living."

* * *

In the Arctic

THE science of dentistry has been honored in having Doctor I. L. Furnas of the dental department of Western Reserve University invited by the United States Public Health Service to go to the arctic as one of six scientists to study the health habits of the Eskimo. Doctor Furnas has a great opportunity to make a contribution to our knowledge of food habits and their relationship to dental disease. It has been commonly believed that the Eskimo, who is essentially carnivorous in his food habits, has possessed a high resistance to dental disease so long as he ascaped the white man's flour, sugar, and molasses. We may depend upon Doctor Furnas to confirm this belief as a fact, or to explode it as a myth.

FOOD *and the* Teeth



The best food for the human being is that prescribed for him by Nature.

CHAPTER V

"The Etiology of Dental Decay."

By

DAVID M. COHEN, D.D.S.*

TO replace the materials lost every day and to produce the necessary energy for the continuation of life are the basic reasons for taking food. In conformity with this concept, Bunge[25] divides food into three categories:

1. Foods which repair the broken down tissues and produce vital energy; for example, proteins and fats.

2. Foods which produce energy only, such as carbohydrates and oxygen.

3. Foods which solely assist the tissues in metabolism, as salts and water.

Although this is not an ideal classification, we have adopted it because it specifies those elements with which the dentist should become familiar in order to follow the aims of this essay. There stands out, at first sight,

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[25]Cited by Gley, *loco cit.*

a factor with which we have to deal every day: the mineral salts. It is well known that the human being, during fetal life and in the course of his infancy, needs an abundance of calcium for his skeleton and his teeth, and also of iron in order to ensure the considerable increase which occurs at that age in the volume of the blood circulation.

A supply of calcium is indispensable to the new being from the very first day of his life; the second mineral, on the other hand, ensures the requirements of consumption in order to enable the individual to store up a reserve in the liver. This explains why mother's milk, in spite of its relative poverty in iron, is sufficient for the maintenance of good health in the suckling; however, its calcium contents is exactly equal to, or even in excess of, the amount which the new organism will require after full development. Here already one may clearly observe the wise measures taken by Nature to cope with such a fundamental problem.

From the foregoing statements it results that the mother's milk must be given the very first consideration in order to ensure that the child may grow without a single obstacle. The supply of calcium salts begins in the womb, since calcification of the temporary teeth begins approximately in the fourth month of intrauterine life. From that time on, the calcium supply must be greater. It is, therefore, only logical to begin with the care of the mother herself so as to make certain that the precious material, which through her reaches the growing being, is properly distributed. We must not forget that at this moment there is being distributed the "clay" from which the new organism will be built and that the deficiencies of the initial protoplasm will represent the original sin which explains more than one failure in the future.

The nutritive regimen of the mother controls, in the majority of cases, the health of the early period of the child's life. We shall not dwell here on the well-known ideas regarding recalcification and shall also leave for later a discussion of the details of such a diet, when we shall speak about the nutrition of the adult human being.

When the child is born, its mother's milk begins to play the most important rôle. Anything which tends to rob the child of this precious nourishment will expose it to danger, or at least to considerable disturbance, because substitutes for mother's milk do not contain all its nutritive elements. Indeed, one is well aware of the fear that exists of raw milk which may be derived from a tuberculous animal. In order to overcome any hazards in this respect, the animal milk is pasteurized, or sterilized; during this manipulation all the vitamins are either wholly destroyed or considerably diminished, and even pasteurizing may not eliminate all

the toxins from this vital fluid. It is not necessary to dwell particularly on the enormous importance of the vitamins in order to realize how much harm may be done the child in spite of the best intentions to protect it.

When a mother is unable to suckle her child, only raw cow's milk can supply the necessary nutritive ingredients; it is evident that, in order to lay the nightmare of tuberculosis, the most rigorous examination of the animal becomes necessary, as well as that of the methods employed in milking the cows and in bottling the milk, since even the slightest contamination represents a danger for the child. Some authors recommend the use of goat's milk which has the advantage of not being attacked by the bacillus of Koch. Condensed milk also possesses many disadvantages, because of its high sugar content and the proteins which can be digested only with difficulty.

Several specialists advise the addition to pasteurized milk of some orange juice, beginning with the thirtieth day after birth and at the rate of a spoonful every twenty-four hours. As the infant grows older, this dose may be increased without the slightest danger and with the great advantage of supplying vitamins. From this may be seen how, from an early age, fruit begins to play its valuable rôle in the maintenance of human health. A further auxiliary factor in cases of deficient lactation, or deficient milk substitutes, is cooked spinach, which may be added to the milk after the child has passed its eighth month. There is no need to point out the abundance of vitamins and mineral salts which this vegetable contains.

One item which requires particular mention is that of the innumerable flours and powders which are marketed for the purpose of rounding out the nutrition of the children. As a rule these are products which contain a considerable excess of sugar—a great intestinal irritant—and which have been made from grain robbed of its husk; and it is just this latter which contains the elements (mineral salts), so necessary at that age, while an analysis generally shows the presence only of calcium phosphate, a salt which is not assimilated by the body.

After the second year of the child's existence—breast milk no longer being available—cow's milk should be given with well-cooked cereals and with increasing amounts of orange juice. Furthermore, the child begins to eat egg yolk, green vegetables, spinach, soups, bananas, and wholemeal bread. During this formative period maternal education should leave its indelible impress, instilling in the child a penchant for the most wholesome foodstuffs and a dislike for those which may do so much harm; among the latter there figure, in the very first place, all candies, the source of a host of ills.

The battle against sweets will

be the mother's first serious trial, for it is well known how eagerly children reach for these harmful products. Here is again an example of how those edibles which are most attractive to man are not necessarily best for him. Very early in life the human being begins to show that he alone, in the animal kingdom, is not endowed with the wonderful instinct which induces animals to reject all food that is harmful to them. In the course of time, lack of restraint and refinement will send him farther along the disastrous path on which he embarked through the unfitness and indifference of his parents.

From the second year on, the problem is no longer a simple one of nutrition. There enter certain social factors which must be given due consideration, since they represent one of the principal centers around which this complicated mechanism revolves. The surroundings in which the child is born and the ability of its parents to transmit to their child at the opportune time the elementary rules of conduct which, falling on fertile soil, will contribute to the formation of the future citizen, are the elements that play a very responsible rôle in such apparently simple yet most far-reaching questions.

When the child starts out on his school career, it encounters, or it should encounter, a powerful ally in the battle which it will have to wage throughout its existence, namely, the teacher. With the very first letters there should be instilled into children's virgin spirits the elementary notions which create a clear judgment and a healthy temperament so that, when these spirits become independent, they choose the ways that they have been made to visualize in childhood and give to the daily acts of their existence all the importance which they actually possess, without succumbing to the temptation of the thousand and one little satisfactions and the inevitable vices of youth.

With such a judgment, nutrition will not become synonymous with gluttony, nor will satiety represent its ultimate aim; and, in the same manner, the hygiene of the body and of the mouth will be given its just value and systematic examinations by the dentist will be found important in order to control it easily from its very beginning. Education first and culture afterwards make such a human being see all things most clearly and make him rejoice in the joy of life which only strong bodies and healthy spirits are capable of enjoying. We shall not dwell further on these more or less social considerations, since they have formed the subject matter of a separate essay,[26] but we felt that we should touch, in passing, upon them in order to put into evidence their importance.

[26]Cohen, *Revista Odontológica*, April, 1928.

(Continued in July issue)

VI—DILEMMAS OF DENTISTRY

By Ex-Dentist

The Case *of* DR. JONES

(*Continued*)

Introducing Miss Wentworth

WITHIN four days I wrote Doctor Clarke, definitely accepting his offer and intimating that I would report at his office for instructions the following Monday.

On the appointed day, Doctor Clarke greeted me cordially, congratulated me on my decision, and asked whether I had fixed upon a location.

I replied that if he had no objection, I would like to settle in his city.

"That's fine," he said. "The town is short of dentists, and besides, that will allow us to work together more closely. By the way, I want you to meet Miss Wentworth, as she has promised to co-operate in your interests."

A moment or two later Miss Wentworth entered. I had expected from Doctor Clarke's description of her abilities and accomplishments to meet an obviously self-confident and superior sort of person. I found her to be a small, slight, quiet, unassuming woman, with a restful and direct smile. At Doctor Clarke's suggestion, she and I adjourned to her office.

After we were comfortably seated there, I said, "Doctor Clarke has been telling me, Miss Wentworth, of your remarkable management and I have been looking forward to meeting you and to having you

tell me something about this subject yourself."

"I am afraid," she replied, "that Doctor Clarke is inclined to give me undue credit. That is one of his nice characteristics. If I do my work to his satisfaction, it is because he has taught me thoroughly and has been patient with my mistakes while I was learning.

"Of course," she continued, "we all enjoy working for Doctor Clarke. He is extremely careful in the selection, training, and instruction of his associates and employees; but when these steps have been completed to his satisfaction, he gives his people implicit confidence and rare friendliness.

"He has the happy faculty of making us think highly of ourselves. If he addresses any of us in the presence of patients, or others, he almost invariably says something nice that strengthens our relations with them, and that maintains or raises us in their estimation. We know from the reactions of our patients that he speaks equally well of us in our absence. He is not sparing of his expressions of appreciation. We all realize, however, that he does this from strength and not through weakness.

"As the doctor no doubt has told you, he holds me responsible for the social and financial administration of his practice. So far, he has never questioned my decisions or actions on routine matters in my department. If I admit making a mistake at his expense, he sympathizes with me as though I, and not he, were the injured party. Do not take it from this, however, that he ignores the quality of my work.

"Periodically, he and I together review the procedures and policies involved in the execution of my duties, and on these occasions every point in my department affecting the welfare of the practice is fully discussed and agreed upon. In these reviews, I express my opinions freely; and the doctor always makes me feel that questions are settled by agreement of minds and not by the weight of his authority.

"These reviews with Doctor Clarke were very necessary during the first year or so, owing to my ignorance. As I look back, I realize that he exercised great tact and patience. However, we have gradually eliminated so many of the practice problems of my department that the character of these reviews has changed somewhat. Our policies on fees are settled once each year. Our accounting system operates smoothly. Our practice routine, except for possible refinements, is fairly well established. The practice is operating at full capacity; consequently, the discussions in these reviews now revolve almost exclusively around the promotion of the welfare and comfort of our patients."

"What you tell me, Miss Wentworth, is very interesting," I interrupted. "When

Doctor Clarke told me of your unusual services to him, I doubted the possibility of finding someone else like you who could render the same services for me. But now when you tell me of Doctor Clarke's remarkable methods of training and supervising, I become somewhat fearful of my own abilities to duplicate or even approach his results."

"Well, Doctor," she replied, "if you lose courage, you lose all. I depend upon Doctor Clarke for inspiration, and your secretary will depend upon you. Although Doctor Clarke has given me complete charge of my department, its success is primarily governed by his courage and leadership.

"Let me give you an illustration. When I joined Doctor Clarke, he had just opened his office and possessed no established practice. In one of his early talks to me he stated that he would accept as patients only those who would let him serve them according to his own judgment. I did not realize the significance of this immediately, but I was not long left in ignorance. He lost one of the only two patients who called the first week because he would not agree to the specific treatment requested.

"Early the second week, a friend of our family called at the office by appointment. She had heard that I had started with Doctor Clarke and thought that it might help me if she would let him do her dental work. She is rather well-to-do and influential in quite a large circle. Naturally, I was much pleased to hear that she was coming to our office for treatment and I told Doctor Clarke about her quite enthusiastically.

"When I ushered her into the operating room, she immediately proceeded to specify what work she wished to have done. Doctor Clarke examined her mouth, wrote his provisional diagnosis, and said: 'I am afraid, Mrs. Fleming, that what you ask to have done would serve you only temporarily. There are other conditions in your mouth that require equal, if not more urgent, attention. I would advise making a thorough and satisfactory job while we are about it.'

"Mrs. Fleming has a dominant personality. She was then about forty-five, in the full vigor of her temperament. As she was listening to Doctor Clarke's remarks, I saw a look of combativeness develop on her face; and when he had finished, she said, 'Doctor Clarke, I know exactly what I want; please do not attempt to change my mind.'

"Frankly, knowing the doctor's policy, her statement quite upset me. I had counted upon her taking a liking to Doctor Clarke. With her excellent and extensive social standing, her patronage and recommendation would be very helpful. If she left the office in the mood her face indicated, I knew that in order to justify herself she

would belittle the doctor to her friends and most likely prejudice them effectively against him.

"I knew that the doctor realized this and I hoped that he would give in to her. I don't know whether I looked it, but I felt quite flustered.

" 'Mrs. Fleming,' said Doctor Clarke finally, 'I appreciate your patronage very much. I am anxious to do your work; but I must decline to undertake it unless you permit me to do it right.'

"A moment before, I could have begged him to give in to her. But as soon as he took his stand I was delighted. I realized then that I would have lost some respect for him if he had not. But the fight had just started.

" 'Very well, Doctor,' she said, 'I know other dentists who will be glad to do the work as I wish it.'

" 'None of them, Mrs. Fleming,' he replied, 'would appreciate your work more than I; but I can do it only one way.'

" 'Do you think, Doctor, that you can dictate to your patients? That policy will not carry you very far.'

" 'No, Mrs. Fleming, I have no wish to dictate,' he said smilingly. 'It is your privilege to accept, or reject, my services and it is equally mine to refuse to do inferior work.'

" 'Don't be a fool, Doctor!' she exclaimed. 'You are just starting in practice here and I know many nice people who would be influenced by my opinion. I certainly won't be able to say anything in your favor if you treat me in this way.'

" 'Nothing you could say to your friends could hurt me more in the long run than my rendering you inferior service. Glad to have met you, Mrs. Fleming. Good afternoon.' Saying this, he started to leave the room.

" 'Just wait a minute, Doctor,' Mrs. Fleming said. 'I don't want you to think that you have convinced me with your silly talk,' and a smile came over her face, 'but it wouldn't be quite fair to Mary here if I went somewhere else; so do the work your own way. But, remember, I'll always hold your stubbornness against you.' She was smiling quite broadly now.

"As I ushered her out of the office at the end of her visit, she whispered to me, 'He's splendid, Mary. I think you are very lucky.'

"I don't know, Doctor, whether you can realize how this incident affected me. It gave me a confidence in Doctor Clarke's courage and judgment that nothing can shake. It taught me a lesson that I have never forgotten.

"We have very little trouble now with patients who insist upon prescribing their own treatment. Doctor Clarke's policy on this is well known to all our regular patients, and almost as well by the friends they recommend. Mrs. Fleming has sent us a great many patients and they were all carefully

warned and instructed by her to accept Doctor Clarke's instructions implicitly.

"If new, unreferred patients come in, I always make it clear to them that it would be quite useless to see the doctor unless they are prepared to place all decisions regarding their dental work unreservedly in the doctor's hands. If they refuse, I do not let them see Doctor Clarke or any other of our practitioners.

"Please do not think that we are arbitrary with our patients. On the contrary, we do everything we can to please them, gain their good will, and show them that we appreciate their patronage. But I am sure that if Doctor Clarke had lost his courage with Mrs. Fleming, he would never have been able to establish his policy.

"Now, let me add another illustration," continued Miss Wentworth.

"When Doctor Clarke instructed me in the beginning on fees, he told me to figure them carefully and to give patients the benefit of any doubts that their circumstances might indicate; but under no condition to reduce a fee after I had presented it, except on specified humane grounds.

"If any patients should refuse his services or threaten to take their patronage elsewhere, or contend that the fee was too high, I was not to attempt to justify the fee, nor to enter into any arguments regarding it, but to limit myself to stating that Doctor Clarke would be much pleased to do the work, but only on the fee stipulated.

"At the time that Doctor Clarke enunciated this policy, it sounded all right; but when two patients in the first month refused to have their work done on account of the fees, I became a little worried. In discussing these patients, Doctor Clarke smiled and said that we were probably better off without them.

"About three weeks after Mrs. Fleming's first visit, a Mrs. Thorpe called for an examination. Her jaw had been injured in some way and her mouth otherwise was in rather bad condition. Doctor Clarke made a lengthy examination, took a series of x-rays, and asked her to return the next day for his verdict as to treatment. After she left, he said it was an extremely interesting case and that he would enjoy making a good job of it.

"Late that afternoon, he handed me his written outline of treatment, from which I was supposed to figure out the fee. There were several items on this outline not included in our regular schedule of fees and he explained these to me, with respect to the time, expense, and contingencies involved, so that I would know how to provide for them.

"As Doctor Clarke seemed specially interested in this case, and also because I thought the office needed the money, I was most anxious not to lose this

patient. I spent all evening working out the fee; and after taking into consideration the scope, character, expense and contingencies of treatment, Mrs. Thorpe's financial circumstances, Doctor Clarke's special interest in the case, and my anxiety to secure the patient, I arrived at a fee of five hundred and seventy-five dollars.

"This was larger than any other fee that we had quoted up to this time and I was so worked up about the case that it interfered with my sleep that night.

"Mrs. Thorpe arrived promptly, according to her appointment. Doctor Clarke explained his proposed treatment to her in detail and then referred her to me to arrange the fee and terms of payment.

"When I quoted five hundred and seventy-five dollars, she hit the ceiling. She had been told, she said, that the work should not cost more than three hundred and fifty dollars; but she might consider three hundred and seventy-five dollars, or perhaps, even four hundred dollars, but not a cent more. As instructed, I stood pat and she left in anything but a good humor.

"Naturally, I was keenly disappointed and hated to tell Doctor Clarke. However, he took it calmly and smilingly, and said, 'Some day you will realize that the patients we lose through necessary firmness are usually not worth having.'

"I asked him whether he would like to verify my figures on the fee. 'Not just now,' he said. 'Let us forget Mrs. Thorpe for a few days.'

"Of course, I just couldn't forget her. I wondered whether I had been to blame and how. All sorts of miserable thoughts haunted me that day.

"However, next day I felt brighter. We started off the morning with a new patient. About noon who should come in but Mrs. Thorpe. The doctor happened to be in the reception room at the moment and when she saw him, she said: 'Doctor, could I speak to you a moment?'

" 'Why, certainly, Mrs. Thorpe,' he replied. 'What can I do for you?'

" 'I would like to talk with you about the fee,' she said.

" 'I should be very glad to, Mrs. Thorpe," he replied with a nice broad smile, 'but that is Miss Wentworth's exclusive department. She has complete authority and you could not be in better hands. Kindly excuse me, Mrs. Thorpe," and he retired to his room.

"After he had left, she turned to me and said, 'I have been thinking this thing over, Miss Wentworth, and have decided to go up to five hundred dollars. That is more than I should pay, but I like the way Doctor Clarke examined me. I will not pay one cent more. Take it or leave it.'

"I stood pat again and after some more talk she left, saying we would never see her again.

"Although Mrs. Thorpe's

second visit resulted in nothing, it somehow cheered me up a bit. And of course what Doctor Clarke said to her about me was priceless.

"About eight days later, when I had just about gotten her well out of my mind, Mrs. Thorpe walked in again. 'Miss Wentworth,' she said, 'I suppose I am a fool. I have been to several dentists who have offered to do my work for much less; but somehow I would like Doctor Clarke to do it. I will pay five hundred and fifty dollars. That is one hundred and seventy-five dollars more than I expected to pay and it is only twenty-five dollars less than you asked. That's a fair proposition, isn't it?'

"Well, she had me stumped. Her proposition did look fair, in a way. She was doing ninety per cent of the giving in. I had no doubt other dentists would undertake to do the work for less. Twenty-five dollars did not seem a great amount to deduct. Five hundred and fifty dollars was still a nice fee, and she said that she liked Doctor Clarke. Somehow, I felt sorry for her —just as a person would feel toward a child who had promised to be good after being spanked.

"Then I remembered Doctor Clarke's instructions not to reduce a fee after it had been presented to the patient. I just did not know what to say. I wanted Mrs. Thorpe as a patient more than ever. I now liked her and was sorry for her. I had never told Doctor Clarke the amount of Mrs. Thorpe's fee; so if I accepted five hundred and fifty dollars, he need never know the difference. No, that would not do. Could I pay the twenty-five dollars myself? I would do so gladly. All these thoughts whirled through my mind.

"Suddenly the memory of Doctor Clarke's interview with Mrs. Fleming came to me. In that case, he had spurned danger to his practice, not for money, but for the privilege of doing good work. With that memory, I knew that I could not grant Mrs. Thorpe's request. It hurt me, but I stood firm again. She was bitter and furious, tongue-lashed me unmercifully and left in a rage.

"A few days later, a gentleman walked into the office. 'I'm Tom Thorpe,' he said. 'My wife wants Doctor Clarke to do her work but insists upon a reduction of twenty-five dollars. I'll pay the twenty-five dollars and she need never know. Here's the money,' holding it out in his hand.

"You can imagine, Doctor, that I was delighted. Mr. Thorpe seemed to me at that moment the ideal of a considerate husband. I was sure that Doctor Clarke and he would like each other; so I took Mr. Thorpe into the operating room and introduced him. I could see that the two men took an immediate liking to each other. They chatted over various things for a few minutes and then Mr. Thorpe asked me to

take the money which he was still holding, and explained to the doctor with a smile why he was making the payment.

"Doctor Clarke smiled back at him and said, 'I'm sorry, Mr. Thorpe; I like you and would like to oblige you. But we can't take the fee that way. I have no definite idea what your wife's fee was to be. Miss Wentworth has the authority to place it at whatever amount she thinks fit. I am not concerned whether the amount is too high or too low; but whatever the amount may be, it must be paid in full with Mrs. Thorpe's knowledge and consent.'

"'I have very definite reasons for this, which you as a business man will readily understand.

"'First, any concession that Mrs. Thorpe receives will justify her in thinking that we attempted to exact too high a fee at the start.

"'Second, she may think later that I cheapened the work in some way, in order to save expense, equal to, or greater than, the concession.

"'Third, either of these thoughts would destroy her confidence in my personal integrity and would kill a large part of her enjoyment and pride in the work I would do for her.

"'Fourth, if Mrs. Thorpe thinks she received a concession, any friends whom she might recommend would probably expect the same consideration, which would result in an endless repetition of the same undermining and destructive procedure.'

"'You need say no more, Doctor,' interrupted Mr. Thorpe. 'I understand fully and you are right. I'll see that this is straightened out with my wife. Can I make an appointment for her now?'

"Doctor Clarke started work on Mrs. Thorpe the next day.

"Mr. and Mrs. Thorpe are now among Doctor Clarke's warmest friends and supporters. Mrs. Thorpe, particularly, will go out of her way for miles to make a convert for Doctor Clarke. And those she sends to us know that they must not try to bargain because she has told them so, emphatically.

"Strange to say, Mrs. Thorpe and I are now quite friendly. Some time ago we were discussing the incidents of her first visits to Doctor Clarke's office, and she admitted that she had hated me at that time as she had rarely hated any one; but she would have despised us if we had given in to her. She had visited other dentists who were willing to vary their fees and she distrusted them for that reason.

"Each of my blank refusals to reduce her fee increased her confidence in Doctor Clarke. When finally I refused to concede a paltry twenty-five dollars, she decided definitely that no one except Doctor Clarke should do her work.

"It was many such incidents as those with Mrs. Fleming and Mrs. Thorpe that developed

the faith, strength, and ability that I am now able to place at Doctor Clarke's disposal. I hope, Doctor, that I have shown why I think the secretary depends upon the dentist who employs her for inspiration and courage."

"You have, indeed, Miss Wentworth," I replied. "Perhaps too clearly for my comfort."

"Now, don't let me mislead you, Doctor," she said. "Doctor Clarke is no knight in armor. I know of no one who gives in more readily on most things. He is just as handle-able as a well-trained, affectionate dog, and just as lovable. Anyone can take advantage of him, except when it involves some ethical rule or some principle that he considers essential, and then he is like iron.

"Fortunately, these ethical rules are not numerous nor hard to understand or observe. The observance of some of them requires courage at the beginning, but in a short time they become a sort of second nature.

"Take, for instance, his rule that a professional man must render only his best service. You can see how it worked out with Mrs. Fleming. I thought at the time that Doctor Clarke's attitude in defying her required great courage. Now, I know that it did not. I would do the same thing now myself, under the same or even more extreme circumstances, without more than ordinary consideration. In fact, I am doing it every time I tell a patient that we cannot treat him unless he places himself unreservedly in the doctor's hands.

"I believe in that rule, have become accustomed to it, and enforce it without ever thinking of the consequences. I am quite sure that Doctor Clarke never thought of the outcome in his attitude towards Mrs. Fleming. He just could not take any other. That's where he won. Mrs. Fleming sensed instinctively that he would never back down, so she did.

"Doctor Clarke's appearance of indifference to Mrs. Thorpe's decision on fees, and his refusal to connive with her husband seemed very heroic to me at the time; but it does not now. He was simply adhering to a rule of conduct in which he believed. It never occurred to him to abandon it. I have followed the same rule in dealing with patients ever since. It would never enter my mind now to depart from it. It has become a fixed habit."

"Does Doctor Clarke allow for exceptions to any of his rules?" I asked.

"Yes," Miss Wentworth replied, "but only in those that affect fees. For instance, the rule prohibiting the reduction of fees, after presentation, may be voided whenever we find that the payment of the full amount would impose an undue hardship.

"As a rule, the general financial background of the patient is known to us at the time of mak-

ing up the fee. But occasionally, our information is not wholly reliable. If, after presenting a fee, we find that we have failed to rate a patient's financial capacity low enough, we make an allowance to meet his or her actual circumstances. This is done by us voluntarily and requires no pressure by the patient.

"For instance, we quoted a fee for a widow, living in a very nice home in one of the fashionable districts. We had every reason to believe that she was enjoying an income quite adequate to her surroundings. Upon presenting the amount of the fee to her, she said she had decided to postpone her work for a while.

"Shortly after this, I heard that she was having a pretty hard time of it, financially; that she was maintaining two sons at college who were absorbing most of her income; and that she had been forced to take in two boarders to help out.

"On hearing this, I communicated with her, explained Doctor Clarke's rules on fees frankly, and made her an allowance suitable to her current means. She was very much pleased and had the work done immediately.

"Doctor Clarke's rules of practice procedure are designed for the protection and benefit of his patients. None of them holds the possibility of imposing hardship, except those dealing with fees; and he has instructed me to waive these whenever, in my opinion, their enforcement would impose any undue burden on the patient.

"In addition to this, he insists upon the practice's doing a fixed proportion of its annual volume of work free, for needy patients. This free work is not done promiscuously. The recipient must be recommended by one of our regular patients, or be personally known by the doctor and me, and must be shown to merit free service.

"The patients who receive this free service are usually of the same social strata as our regular patients. In most cases they are relatives or friends who have suffered financial reverses. Neither the doctor nor his practicing associates are notified of their non-paying status and, consequently, they receive the same quality and completeness of service that is given to our paying patients.

"When the doctor explained this free work policy to me, he said he expected it to become the most profitable part of his practice, not only in intangible things, such as personal or moral satisfaction, but in material ways.

"Of course, I liked the idea because of its humanitarian angle, but I could not see how it would ever help the doctor financially. It was over two years before I realized that perhaps the doctor was right. Many of our well-to-do, or wealthy, patients have come to us through the personal influence of our free patients. In in-

fluencing these patients to come to us, our free patients aroused not only their confidence in Doctor Clarke's professional ability, but also communicated the feeling that the doctor is a real man.

"As a rule, it is quite delightful to serve regular patients recommended by free patients. They usually have so much confidence in and good will toward Doctor Clarke that they would never think of questioning his services or his fee. Some of them even have asked to be allowed to contribute financially to the cause so that Doctor Clarke's free work policy might be extended. This, of course, we have always refused with thanks. I know now that Doctor Clarke has been repaid amply, both sentimentally and financially, for his free work.

"In addition, this policy has developed a fine feeling among our regular patients. Most of them now know personally some one who has received free work. They also know that the recipient received all the courtesy and the same quality of service that would be accorded to any paying patient. This seems to have mellowed and sweetened their collective attitudes and to have increased their confidence and loyalty.

"They seem to place themselves in our hands now more unreservedly, both as to professional services and as to fees. As one lady said to me the other day, 'I don't mind if Doctor Clarke does charge me a little more; he at least has the grace not to hog it all.' I think she probably expressed one of the thoughts of our average patient.

"Besides, we receive many nice comments about this policy from other quarters. I fully agree now with Doctor Clarke that the free work department is a paying one in every sense.

"Perhaps, Doctor," she continued, "I have been premature in discussing Doctor Clarke's rules and policies. He will probably wish to take them up with you himself at the proper time, and in their regular order. He did, however, instruct me to place my department at your service in any way that may be of practical assistance to you.

"Your preliminary steps toward establishing your practice are to secure offices and to engage your executive secretary. Accordingly, I am instructing a reliable real estate man to furnish you with a list and descriptions of available offices suitable for your purpose. An advertisement for an executive secretary will be inserted in tomorrow morning's paper. I shall also ask the employment bureau and the Y. W. C. A. to send around any likely applicants they may have on hand."

"That is more than kind of you, Miss Wentworth," I exclaimed. "I hardly know how to thank you. When and where am I to interview the lady applicants?"

"We will save you that bother, or pleasure, whichever you like to call it," she replied. "The applicants will be interviewed first by my assistant,

Miss Logan, who will pick out those who seem most likely. These will be reinterviewed by me and those who appear to me to possess the necessary qualifications will be passed on to Doctor Clarke for final examination. He will probably eliminate all but two or three applicants and these will be presented to you for selection."

"What a formidable procedure!" I interjected. "How many applicants do you expect?"

"According to the law of averages," she replied, "there should be one in about every two hundred applicants who possesses all the qualifications of an excellent executive secretary. We are prepared to see at least that number. We may require to see more. Sometimes an ideal applicant is found among the first few who apply, or there may be several highly suitable ones in the first two hundred. It may happen, however, that we will require to see many more than two hundred to find someone who will meet Doctor Clarke's approval."

"How strange!" I exclaimed. "You seem to be more particular in the selection of a dental secretary than the dental schools are in the selection of future dentists. What makes the ideal executive secretary so rare?"

[*In the July chapter, Miss Wentworth continues her analysis of an executive secretary, and Doctor Clarke engages a secretary for Doctor Jones.*]

Two Letters to Dr. Siegel

I am glad to see you take this step,* and I am with you in this one hundred per cent.—H. CLEMENS, D.D.S., *Los Angeles, Calif.*

* * *

Regarding your article in the November issue of ORAL HYGIENE, may I call your attention to the many angles of the problem of exchange of licenses among the states in this United States of America. Please consider these facts, based on several years' personal experience as secretary of the Illinois State Dental Society.

During my tenure of this office, there were more than twice as many inquiries about the possibility of license transfer to California than to all other states in the Union combined. Nearly all the men making these inquiries were either past middle life or on the verge of invalidism. Many of them, though "ethical," were (and always had been) grossly incompetent in their actual practices. Some of them had always been deliberately unethical during all their professional lives.

I *believe* in the exchange of licenses, just as I believe in the universal brotherhood of man; but there are many things to be worked out before we can put these utopian beliefs into actual practice.—ARTHUR G. SMITH, D.M.D., *Peoria, Ill.*

*ORAL HYGIENE, November, 1930, p. 2422.

Quoting Dr. Mayo

A Letter from a well-known ORAL HYGIENE *reader*

I DON'T know whether you will print this letter or not, for although you show signs of bravery now and then —pretty often, in fact—my topic is perhaps a forbidden subject, and then, too, I don't want you to print my name although I am willing enough to sign it for your own information. I have for many years been a reader of ORAL HYGIENE.

This letter is prompted by the San Francisco dispatch enclosed, which tells us this:

"Amos 'n' Andy," says Dr. Charles H. Mayo, world famous surgeon of Rochester, Minn., in an interview here, "are doing more than anyone else in the world to get people to care for their teeth."

Dr. Mayo's standing cannot be questioned. His accomplishments are known to all. He is, incidentally, an ex-president of the American Medical Association. He is a friend of dentistry and dentistry's interests have been advanced through the department devoted to it at the Mayo Clinic, under the able direction of Dr. Boyd Gardner.

Now then, Dr. Mayo unreservedly pays tribute to the dental educational work being done by Amos 'n' Andy.

By inference, Dr. Mayo regards us members of the dental profession as co-beneficiaries, with the public, of this work.

Yet we beneficiaries meet solemnly to condemn this very undertaking! In our meetings we say it is "unethical," that it is "hurting dentistry." I say "we" but I don't mean the majority of ORAL HYGIENE readers; I don't mean myself. Instead I refer to self-appointed spokesmen for dentistry who spend time which might better be devoted to some of dentistry's many unsolved problems.

I believe that the average dentist agrees with Dr. Mayo.

And I believe, also, that the average dentist resents the sporadic efforts to discredit this sort of educational work including the work being done by others in the national magazines.

If you can remember sitting in your office, in the early days, hoping a patient would present himself—and properly prohibited by professional ethics from advertising to get patients—you can picture the emotions of dentists who need patients now, when propaganda likely to send people to dental offices is condemned by those who are doing nothing to educate the public.

Maybe there is a better way to carry to the nation what your magazine has long called "the oral hygiene gospel." But nobody in the profession has done anything about it yet.

Tempus FUGIT

From the first June issue of ORAL HYGIENE, published 20 years ago, in 1911.

EXTRACT FROM

RELATION OF THE DENTIST TO PUBLIC HEALTH MOVEMENT

By

HERBERT L. WHEELER, D.D.S.

New York City Consultant and Lecturer to the New York State Board of Health

Has the dentist any interest in the modern gospel of the physical welfare of the public? If he has, then it is high time that the subject be considered in a calm, judicial and scientific manner. These hysterical and exaggerated claims on the one side of the over-enthusiastic and well-meaning, but ofttimes poorly informed, individuals, and on the other side the steady indifference of those who go on practicing their profession in a mechanical fashion, are both calculated to do the cause great harm with those officials whose duty it is to direct the activities of our health and educational authorities. On the one hand, to say that the persistent use of the toothbrush is going to bring about a millennium that will result in the elimination of 75 per cent of all disease is a statement so highly colored that a layman would immediately become skeptical and look for the motive behind the statement, to say nothing of cultivated and intelligent members of educational boards, the medical profession, and others. On the other hand, to ignore what seems to be a fact, that a regular cleansing of the mouth and teeth will reduce the number of pathogenic germs that may be taken into the stomach and distributed along the intestinal tract, or that may be absorbed by the various glands in and about the throat and mouth, is to lay one's self open to the charge of being a reactionary and of having no interest in the profession other than what we can get out of it financially. Both these positions are liable to hold us up to the public as a very young, inexperienced, and, one might say, unreliable, profession, which is not the case. The dental profession as a whole averages just as high a class of men as any other profession—no exceptions—but it is a new profession. It has not established precedents, and has not the long years of experience to assist it to make its conclusions in matters pertaining to either its welfare or that of the public.

INTERNATIONAL ORAL HYGIENE

Briefed By

CHARLES W. BARTON

GREAT BRITAIN

C. Peyton Baly, M.R.C.S., L.D.S., in the leading article of the August issue of the oldest dental journal in England (founded in 1856), emphasized the imperative necessity of "a continuous dental service." We must, says the author, strive for more and better dentistry for the toiler; but we must also educate all classes as to the great importance of mouth cleanliness and of correct feeding. The dental condition of the child is largely dependent upon its dietary. Indeed, the whole question of nourishment of the child should be visualized as applying from the earliest possible date, i.e., from conception itself. Every pregnant woman should have all decayed and septic matter removed from her mouth. Otherwise, toxins get into her food and tend to harm the unborn child. After birth, the only correct food for an infant is the milk of its healthy mother. She, on her part, owes it to the child to see that her own mouth is kept in a healthy condition. The dental services she needs and which her child needs in the early years of its life may be, and should be, supplied to many mothers through the Infant Welfare Centers. It should be practicable for the same dentist to look after the mothers, the toddlers, the school children, and the adolescents; and thus a continuous dental service would be practicable.

British Journal of Dental Science

* * *

Whether or not the man who wrote the editorial in the November, 1930, issue of the *British Journal of Dental Science and Prosthetics* believes all he has written, the fact remains that, while in the two pages of this leading article there is not one real note of satisfaction at the achievements of dentistry, there is a great deal of truth in what is being

administered to the enthusiasts by way of a homily. "The average patient," says the writer, "has a profound impression that the science and art of dentistry has advanced enormously within the last two decades. We grow tired of hearing our patients express this view if we are honest with ourselves, and appreciate that it is chiefly in our surgery — furniture, and equipment that we have advanced." That progress, according to the writer, is by no means borne out by actual achievements. "We know no more about the cause of caries; all our modern theories were stated in different terms many years ago. Our fathers cured pyorrhea with their forceps, in just the same way as we do today." [This, from a contemporary and compatriot of the Mellanbys and the Menzies Campbells, is a somewhat exaggerated pessimism.] "The prevention of caries and pyorrhea still defies all our efforts. We can consider that we have advanced when we can either prevent or cure them. The phenomenon of naturally arrested caries has still to be explained . . . We do not consider that our progress is slower than that of any other branch of medicine or surgery, but we refuse to close our eyes and imagine that because we have stainless plating in our surgeries we have reached the millennium."

The Dental Record

UNION OF SOUTH AFRICA

The South African Medical Council received a letter from the University of the Witwatersrand, stating that it was proposed to give a certificate to dental nurses who had been trained at the University Dental Hospital and had passed an examination conducted by that institution. The letter asked the Medical Council to signify its approval of the form of certificate which it was proposed to issue, a copy of which was inclosed. It was agreed to inform the University that the Council was in sympathy with the idea of having examinations for this class of person but considers the use of the term "nurse" in respect of them undesirable and would like to have the co-operation of the University in preventing confusion in regard to the use of this title. The term "dental attendant" was suggested.

* * *

Dr. Edney, who had recently come from Northern Rhodesia, gave an interesting account of his experiences in that country, before the Port Elizabeth and Districts Dental Society. He emphasized the present lack of amenities in all respects, which made it difficult for anyone to carry on a dental practice there. Accommodations and water were scarce and of a poor kind, and the population was small and very "floating," so that the payment of accounts was far

from certain. His advice to those who had thoughts of settling there in dental practice was, "Don't." He referred to the great degree of dental disease among the natives and to the very great prevalence of syphilis in one form or another among them. A thing that had struck him very much was the extraordinary way in which almost all wounds became septic, particularly those inflicted by carnivorous animals, such as dogs and lions. He gave some interesting accounts of how bites of lions, even though the injuries themselves were not excessive, generally proved fatal from virulent sepsis.

The South African Dental Journal

* * *

Before the Port Elizabeth and Districts Dental Society recently a paper was read by Dr. B. Adams on diet and teeth.

During the last year South Africa has been favorably brought to the notice of the dental profession by the writings of Dr. Lennox, of Windhoek, whose progressive orientation on questions of nutrition in dentistry has found world-wide circulation and favorable comment. It is, therefore, distressing to note that this same country holds also men as pessimistically inclined as the author of the paper under review. Dr. Adams' essay is an able compilation of citations from G. B. Shaw, Darwin, Keith, and others, but is for that matter not any the less convincing; simply because it misses its point and represents the easy philosophy of an individual mind that has failed to be swayed by the urge for active improvement in obnoxious conditions of life and remains content with bowing to the "inevitable" commercialization of deleterious foodstuffs. The author is perfectly satisfied that the man-made incongruities of so-called "modern civilization" will have to be permitted to go their sweet way, regardless of what is to become eventually of the human race. How very pessimistic his outlook is may best be judged from the concluding paragraph of this rather long paper in which the author confesses that he does not "consider there is any cure. The cure will come when in years ahead we have, in the process of evolution, adapted ourselves to our conditions. We cannot alter the conditions. The conditions are altering us. We cannot alter the huge flour milling concerns with their vested interests; we cannot alter the thousands of bakeries in every civilized country. We cannot alter the sugar refineries and their attendant shops with their sickly array of sweets, and what hope have we against the millions of stoves cooking and stewing day in and day out? None, but if this picture is too fatalistic to some of us, let us be consoled by the knowledge that we are stepping-stones which unborn posterity will have used to attain that perfection of which we dream and so courageously wish to in-

herit today." What—may we be permitted to ask—is Dr. Adams' conception of "perfection," and what are we working for, anyway?

AUSTRALIA

A much more refreshing and encouraging outlook than Dr. Adams', of South Africa, on our future is that propounded by Dr. H. E. Noble, of Lismore, N.S.W., before the recent Seventh Australian Dental Congress in Brisbane. Speaking on heredity and dental diseases, Dr. Noble gives what might be considered a direct rebuttal of Dr. Adams' *kismet*. "We can attribute our loss of immunity to dental disease to mutation, and we can expect that if the civilized races continue along the same lines the physical standard will show further degeneration." And although Dr. Noble, too, cites Darwin, he is capable of seeing more or less clearly where the road to progress lies. "But what," asks the author, "of all the work done on diet, calcium metabolism, *et cetera*, in relation to dental disease? Has it any real value? Certainly it has. Most of us have inherited a susceptibility to dental disease. Whatever means we can use to minimize the ravages of this ill will prove of benefit to us as individuals, but unfortunately we shall not be able to transmit that benefit to the future generations. The only hope for the race is more knowledge on this subject, with a view to the possibility of breeding into the race again the factor for immunity which is rapidly being bred out of it. At present, we are woefully ignorant of much, but we do know that full knowledge is largely a matter of time and of work. One day we shall have it, and that day may be nearer than most suspect. This desirable result will be brought about only by means of the intensive research of workers in the fields of biology, chemistry, nutrition, and allied sciences. The problem of dental disease is still unsolved, but we have made and are making real progress."

The Dental Journal of Australia

Dr. Kingsley, Master

I read the article* on the life of Dr. Kingsley. The author did not make it strong enough. Dr. Kingsley was a master among men, a most lovable man, an able dentist and probably the most scientific man in the practice of dentistry in his day.

If I remember correctly, his end was not as cheerful as it might have been. It seems that at the last he was neglected by his fellow practitioners. He was too noble a man to have passed away in want and lack of care.

—M. C. SMITH, D.D.S., M.D., D.M.D., *Lynn, Mass.*

*ORAL HYGIENE, December, 1930, p. 2629.

W. Linford Smith
Founder

Oral Hygiene

REA PROCTOR McGEE, D.D.S., M.D.,
Editor

Manuscripts and letters to the Editor should be addressed to the Publication Office at 1117 Wolfendale Street, Pittsburgh, Penna.

An Old American Custom

IF the old Puritans could have raised enough money to have their portraits painted while they were young Puritans, we might have had an entirely different conception of those refugees from Old World common sense who brought such an amazing cargo of antique furniture over in one small sailing ship.

The hard winters, the loss of teeth, the inevitable wear and tear on clothes and poor artists have combined to convey to our various uplifters the idea that the originators of our commonwealth were a sad lot of hombres who liked nothing so much as regulating their neighbors, associates, strangers, and everybody in the world except themselves.

Even those descendants of ancestors who could not, and probably would not, associate with the Puritans have caught the contagion and are busily devising means to regulate the conduct of other people. This contagion seems to have spread like an epidemic among those who, for no good reason, are staggering along under the impressive title of Doctor of Philosophy.

A Doctor of Philosophy can be almost, but not quite, anything; or almost, but not quite, nothing. Dentistry seems, unfortunately, to have attracted the

attention of this particular brand of scholastic endeavor. Our profession has been examined, analyzed, renovated, and almost wrecked as a consequence. It would seem that the time has arrived for complete eradication of the Ph.D.'s, and a return to the safe and sound era of the dental profession administered, educated, directed, and led by those and only those who have had sufficient interest in dentistry to receive the degree of

DOCTOR OF DENTAL SURGERY.

The "old American custom" to which I refer is that very effective plan of a general house-cleaning when things get littered up and it becomes necessary for us to get back to the job of attending to our own business without any outside interference.

The Future Possibilities of Dental Education and Practice

AT a recent meeting of the Los Angeles Dental Society, there was a symposium by the deans of the three California dental schools—Dr. Guy S. Milberry, Dean of the University of California Dental School, San Francisco; Dr. Arthur McDowell, Dean of the Dental Department of the College of Physicians and Surgeons, San Francisco; and Dr. Lewis E. Ford, Dean of the Dental School of the University of Southern California, Los Angeles.

Dr. Milberry stated that there has been much chaos in dental education in the last ten years. It has been about eleven years since the four-year dental course was adopted, or adapted, as the case may be. It seems to be impossible to tell the difference, in practice, between the members of the last three-year class and the first four-year class.

The old thirty-two hour week is now thirty-four hours, and the college of which Dr. Milberry is Dean is idle only five weeks each year. Its clinic is open continuously, except Sundays and legal holidays, during the entire year.

The percentages of failure to graduate and of failure to pass the state board examinations are about the same at present as they were when it took three years to complete the course in dentistry. However, this does not prove anything. We know a lot more about government now than we did formerly, but we are not so well governed; we know more about literature, but the present day product has not dimmed the lustre of the past.

Engineering has developed rapidly, but the change in the curriculum has been very slight. The course has been spread out horizontally so that there are more different kinds of engineers graduated, but the course is not any longer.

In the last twenty years the length of time devoted to the study of medicine has changed more than that required for any other scientific pursuit. After high school, nine years' work is necessary to complete the course.

Like medicine, dentistry must continue to develop and, consequently, to expand. The expansion must be either "lateral," that is, into several departments of the subject, each of which is of equal importance and each of which leads to a definite specification in the common degree; or "vertical," which means that one new course would be piled on top of another. The former method would make licenses limiting the holder to one phase of practice necessary; the latter would require more time for graduation (the dean did not draw this last conclusion; I drew it).

Therefore, the future of education tends either toward longer and yet longer courses, or toward sharply divided, separately licensed specialties. The tendency in practice is toward too much dependence

upon "laboratory diagnosis" and too little understanding observation of the patient.

The costs of dental education both to the student and to society are increasing. It is very difficult these days for a student to carry his studies satisfactorily and do outside work at the same time. If it is necessary for the student to work for his sustenance during his college course, would it not be in line of reason to have him work at some phase of dentistry, instead of trying to become a good bell-hop or chauffeur while he is trying to become a dentist?

Whatever happens, the different departments of the profession of dentistry cannot get very far apart, because each one must necessarily work upon the mouth or teeth. The so-called stomatologist's concept of practice, such as the Dean of the Dental School of Columbia University is fostering, is merely a passing brain storm that need cause no apprehension.

The four European countries that require both a medical and a dental degree for the practice of dentistry have many excellent individual dentists; but as far as the general average is concerned, the practice of dentistry is not so good as in those countries that require only the dental degree for dental practice.

Dr. Arthur McDowell, Dean of the Dental Department of the College of Physicians and Surgeons, San Francisco, stated that all forms of education are in a constant state of flux. The trouble is the educational system begins at the top and works down. Owing to the fact that there are many more applicants than the colleges can accept, there is a careful effort made to weed out the unfit, and sometimes a few others. This weeding effort starts in the "predent" course; a "C" average, or better, is required to get even a hearing. It is impossible at present to judge the benefits, or the disadvantages, of the 2-3, 1-4, or the 1-5 year systems now in vogue.

One thing is certain: more attention must be given to the best students and less attention to the worst.

Since 1900, the number of dental schools has decreased from fifty-seven to thirty-eight; the number of graduates has dropped from 1646, in 1910, to 1561, in 1930.

Dr. Lewis E. Ford, Dean of the Dental School of the University of Southern California, stated that the charge for dental service to the public must be one that the public can pay. If that desirable balance between the service of the dentist and the pocket-book of the patient cannot be reached, the overturning of governments will be nothing to the overturning of dentistry.

Teaching the Old Dog New Tricks

THE person who originally stated, "You cannot teach an old dog new tricks," would have been nearer right if he had said: "You cannot teach a stubborn old dog new tricks, if the old dog does not wish to learn new tricks." Under the same circumstances, it is not so easy to teach a young dog new tricks.

This ancient adage has been so widely accepted that the ambition of anyone past thirty to take up a new profession was looked upon with considerable doubt as to the possible result; if the prospective student was beyond fifty, it seemed a mere waste of time.

Recent pedagogic experiments have more than justified the ambition of the older student. In fact, it would now seem that an older person, with a desire to learn, can outclass the fresh and untrained mind of youth. What we have considered the privilege of those who are growing older, the right to become back-numbers, we are now compelled to cancel; and, henceforth, it will be reasonable to expect the elders not only to be up and doing with the youngsters, but to surpass these same youngsters in experience and judgment, which is as it should be.

This newly proved fact is of the greatest interest

and importance to every professional man; no longer need any of us feel that life is too far advanced to learn any new thing that may seem desirable. Even though the body may be slipping a little, the mind retains its youth. Consequently, if a few new tricks attract you, step right up and learn them; you can learn more easily now than you ever could before.

The Dental Reserve Corps

IT is safe to say that dentistry is the least "pacifistic" of the professions. The teeth are undoubtedly among the earliest weapons. The spear heads and arrow points of our pre-explosive ancestors were suggested by the shape of the cuspid teeth. A toothless army would not last long. Consequently, it is a matter of satisfaction that in the Reserve Corps of the Army of the United States the quota of 3,308 dental officers authorized in the present strength of the medical department, has been *exceeded by forty per cent.* The Medical Corps is fifty-two per cent of the quota, that is, forty-eight per cent under the authorized strength; the Veterinary Department is forty-three per cent under the authorized quota. This would indicate that the dentists have a real interest in the United States.

The Dental Corps has a splendid record in both the Regular and Reserve Corps, and in both the Army and the Navy.

It is fortunate that the Dental Corps is overmanned in the Reserve because when war is declared the Dental Corps requires a quick and complete organization to put in condition the millions of mouths of those who go to the front. In these days, wars happen quickly; soldiers must be made ready at once; delay is fatal. No army can long function without adequate dental service. If another war should come, the peace-time quota would be only the beginning of the expansion that the Dental Corps would be required to make.

Ask ORAL HYGIENE

CONDUCTED BY
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1206 REPUBLIC BLDG.,
DENVER, COLO.

Please communicate directly with the Department Editors. Please enclose postage. Questions and answers of general interest will be published.

F. R. C. S. Degree

This department is indebted to the writer of an unsigned letter from San Francisco, California, for the following information in regard to the F.R.C.S. degree:

"The F.R.C.S. degree, or Fellowship of Royal College of Surgeons, is one of the hardest degrees to obtain. It is gained by examination only. A doctor with an M.B.B.Ch. (university medical school) or an F.R.C.P., M.R.C.S. (medical college) must, after taking these degrees, have four years in some hospital under a qualified F.R.C.S. doing surgery only. At the end of that period he may take the examination at London F.R.C.S., England, Edinburgh F.R.C.S., Scotland, Dublin F.R.C.S., Ireland. About 85 per cent of all those taking it fail in one or more parts the first time. The examination is in three sections. Should you fail in only one part, you are credited with the other two and may take that part over again at the next examination. After passing, you drop 'doctor' and are addressed as 'Mr. Warner,' or 'Surgeon Warner.' "—G. R. WARNER

Perfect Teeth with Unhealthy Gums

Q.—Would you kindly give me some help in the following case? My patient is about thirty-three years of age. His teeth are all perfect as far as caries is concerned—not a cavity in thirty-two teeth. The upper left lateral has moved slightly labially and mesially. Pus has been oozing from the distal inter-

proximal space; tooth is loose; gum is inflamed facially, and facial plate of bone seems to be disappearing.

The patient's father died recently, upsetting the individual greatly. His health in general is good. The gums are normal with slight cervical redness here and there but centering about the lateral.

So far, I have relieved any occlusion upon this tooth, have scaled well under the gum, applied 7 per cent chromic acid, Lubliner pyorrhea remedy, and a mild astringent.

Is this treatment correct? What can I do to make the tooth and the area healthy again?—W.P.S.

A.—This is apparently one of those cases of "perfect teeth" with a serious case of pyorrhea involving them. My mode of procedure in such cases is to make first a complete radiographic examination, test all the teeth then for mobility, explore all the bifurcations of the molars, milk for pus around every tooth in the mouth, and note the color, position, and condition of the gum margin: One would then be in a position to make a diagnosis. If, as I think, you find the case has involvement of more or less of the teeth in the mouth, it will require treatment by one who has specialized in pyorrhea treatments. The tooth of which you speak needs a thorough curettement so that every bit of foreign deposit and roughness and diseased tissue is removed from that pocket. The work you have done already is quite right. The only thing to do is to follow it up in the particular tooth of which you speak and also all over the mouth, as I have just suggested.—G. R. WARNER

Discoloration of Amalgam

Q.—Kindly explain (using chemical equations if necessary) just what action takes place when amalgam fillings discolor under the action of the oral fluids, leaching out and darkening the remaining coronal portion of teeth.

I have been of the opinion for years that it was the copper content of the amalgam responsible for this discoloration, yet others have argued that I am wrong.

I have also been under the impression that the germicidal properties of the amalgam would benefit the remaining coronal portion of the tooth under this action.—E.G.H.

A.—Discoloration of teeth from amalgam fillings is said by Black to be caused by change of form in the amalgam filling due to lack of proper adaptation and recurrence of decay allowing coloring agents, germs, and food debris to enter.

McGhee's latest work says: "The formation of sulfids, through the action of hydrogen sulfid from putrefactive decomposition of foods in the mouth, on silver or copper in the amalgam, is likely to produce discol-

oration of tooth structure. Fruit acids, acids of wines and of fermentation (foods) also produce colored salts with copper, which are likely to be absorbed into the dentinal tubules and produce similar results. Discoloration of tooth structure does not occur to any extent unless leakage and disintegration of the filling supervenes."

This is about all I can find on this subject and I can't find a chemical equation graphically showing these changes in any work.—G. R. WARNER

Diet and Caries

Q.—Three years ago a young woman came to me with small gingival cavities in all her upper anterior teeth, one interproximal cavity in the left lateral, and three simple cavities in the molars. These were filled with porcelain in the anteriors and with alloy in the posteriors.

From that time on I have seen her at intervals of four or six months and have found from two to eight cavities at each time. The posteriors are decaying some, but not any more than normal. However, all the anteriors are decaying in the interproximal spaces and extending up to the labial in some cases.

She has a child about eight months old, but she did everything she could to co-operate with her physician and me during pregnancy and also after the birth of the child. But her teeth continue to decay at the rate of about five cavities every six months.

In infancy she was given a dose of wrong medicine which nearly caused her death and from which she did not recover until she was five or six years old. The only child's disease she had severely was whooping cough. She is a little nervous and underweight but otherwise apparently all right systemically.—V.H.L.

A.—We feel that we know more now about the cause and prevention of dental caries than we did a few years ago. The work done by Howe, Bunting, Price, Hanke, Marshall, and many others, would seem to indicate that this condition is controllable to some extent at least. It seems reasonable to suppose that a normally healthy individual should not have much, if any, tooth decay. Experiments which have been carried out seem to indicate that decay is closely related to calcium metabolism. Calcium metabolism seems to be somewhat controllable by the use of certain vitamins or activators in the food which the individual uses.

Mouth hygiene is also a factor in many cases. Therefore, if you will see that the mouth hygiene in this case is ideal and if you will have your patient accentuate the use of foods rich in vitamins C and D, it is possible, if not probable, that there will be an improvement in the amount of caries in this case.—G. R. WARNER

A Case for Orthodontia

Q.—I have a patient, a young lady 22 years of age, who has a most beautiful set of teeth, except for the fact that the upper incisors overlap the lowers to the extent that they come in contact with the lower gum tissue. They do not protrude. The lower six-year molars are missing.—C.M.W.

A.—At this age, or younger, the posterior teeth will usually elongate in a few months' time if they are thrown out of occlusion by the wearing of an open bite splint fitted to the lingual surfaces of the upper incisors, and upon which the lower incisors occlude.

This necessarily interferes quite seriously with the masticating function during this period of elongation, and, if thought advisable, part of the posterior teeth may at first be included in the occlusal splint, thus permitting only part of the posteriors to elongate at a time while a larger surface is made available for masticating purposes.

It would be well to fit orthodontia bands to the lower second bicuspids and molars with a bar connecting to maintain the normal space for the first molars to be bridged in later. If these spaces have already closed up somewhat, they may be readily restored to normal while the teeth are out of occlusion by simply pinching the connecting bar from time to time with stretching pliers.—V. C. SMEDLEY

Unilateral Calculus

Q.—During the course of an examination of the mouth of a 16-year-old girl, I noticed that there was an enormous accumulation of tartar around the molar region of both upper and lower teeth and on both the buccal and lingual surfaces. This condition was only unilateral. I had a similar case of a girl of the same age only a short time after this one. The peculiar feature of the cases is that both patients claim that an oral prophylaxis was administered only six months previously.—W.E.C.

A.—If you inquire into the habits of your patient you will probably find that she does not masticate on the side of the mouth upon which the excessive accumulations of salivary calculus were found. This habit usually springs from the presence of a deeply carious tooth, or teeth, on the affected side.

An examination of the diet of this patient will probably disclose the fact of an over full carbohydrate diet, lack of exercise, inadequate elimination, and, of course, poor oral hygiene.

Corrections of the causes, local, dietetic, and hygienic, with a determined effort to use both sides of the mouth in the mastication of food, should overcome the condition.—G. R. WARNER

"Dear Oral Hygiene—"

"I do not agree with anything you say, but I will fight to the death for your right to say it."—*Voltaire*

A Juryman Reports

I read with much interest the case of "Dintistry vs. Dentistry"* and I noted that some time ago comments from readers were requested.

My verdict, as one of the jurors, is that some of the facts which were proved have been apparent to many for some time. These I will set forth below:

1. The average dentist is not educated. I think that his training has not equipped him for practicing dentistry or for attaining the respect due an educated professional man.

2. Dental economics is simply a local treatment of bad systemic disease; but who can say that local treatment is not much better than no treatment at all in many cases, and it may even be necessary if curative treatment is applied.

3. No real harm will result from a thorough knowledge of what a dental operation is really worth to the patient and what it costs the dentist to deliver it.

I might add that it is my opinion that dentistry will always accept a place in the social scale lower than medicine just as long as the educational qualifications are one per cent lower. The public must always think that a dentist is a half-baked physician. It is our opinion that dental courses should carry regular college hours of credit through the first two years at least; and then misfits should be eliminated and given their hours of credit. Also, students should be informed of the limited possibilities of dentistry from a financial point of view.

I believe that a studied attempt has been made to keep the education of dentists below that of the physician for commercial reasons on the part of the colleges.—RALPH C. MAX, D.D.S., *St. Joseph, Mo.*

*ORAL HYGIENE, August, 1930, p. 1700; September, 1930, p. 1942; October, 1930, p. 2159.

"The Reformer's Complex"

Regarding the article in the January number of ORAL HYGIENE, "The Reformer's Complex Comes to Dentistry,"* by Dr. Edward J. Ryan, of Chicago, it would give me unmitigated pleasure to shake the hand of that man!!! Nay! As the French taught us, 'way back in 1918, I'd like to embrace him and plant a resounding smack on both his cheeks.

It has never been my pleasure to read an article which pictured more clearly the insidiousness and utterly misguided conceptions of this so-called Columbia Plan than does his. To those of us who were fortunate enough to be in at "the death of the very conceiving of any system of panel service," Dr. Ryan's arraignment appears as a most timely and lucid exposé of the whole rotten and ill-founded theory.

Shortly after my discharge from the Army, it was my privilege and good fortune to be Supervisor of Dental Clinics and Director of Oral Hygiene in all the Cleveland, Ohio, public schools, a position now held by Dr. Harris R. C. Wilson, son of that grand old man, Dr. George H. Wilson, of prosthetic and literary fame.

In that undeserved position, naturally, I had the opportunity of observing the functioning of a system which was obviously forerunner of something bordering upon the English panel theory. Many times, during my tenure of office, I was consulted by large industrial organizations in regard to the establishment of so-called "free dentistry" for their thousands of employees. Almost without exception, we found that the American worker did not want this free service and, what's more, would not accept it!

Ever since the very inception of these United States, the typical American citizen has wanted to feel that he was an individual, a type, an entity, and that he was not a mere cog in a large national domestic wheel. It seems to me that the proponents of such plans and schemes as the Columbia idea and the imported panel system have overlooked the one most important fact in connection with the institution of such systems; and that fact is that we are dealing with a vastly different type of individual here in America—an individual who differs not only in racial characteristics but in breeding, in tradition, in training, and in atavistic tendencies, from the European. In other words, we must deal with our people as individuals and not as mobs. *Who is the better equipped to do so?* The individual dentist or the mob dentist? There is no brief for the system, but every experience of this country's evolution argues against it!

As Dr. Ryan so aptly states, it is the natural desire of all those individuals connected with

*ORAL HYGIENE, January, 1931, p. 69.

our dental educational system, even remotely, to produce the highest type of dental surgeon. There would be no object nor justification for doing otherwise —no motive, even. Criminologists tell us that every crime, however simple, has a motive and that if we can find the motive, we can find the criminal. This axiom is obviously sound and has been repeatedly proved. Therefore, Dr. Ryan deserves much credit for so clearly and so fearlessly seeking the motive and, having found it, exposing it and its perpetrators. I am sure that, in his article, Dr. Ryan has no other object than constructive criticism and a desire to help American dentistry and American dentists to avoid the pitfalls and dangers that beset the way of all reformers, whether they be political, religious, domestic, or just "iconoclasts."

In conclusion, may I express the wish that I might be gifted with the clarity of vision and the forcefulness of expression which characterize the epic indictment so ably presented in January ORAL HYGIENE by Dr. Edward J. Ryan, of Chicago. Let no reader of this excellent and valuable journal miss enjoying the ambrosia of the above article, and that exhortation is most deadly earnest.

I send my kindest regards to the entire staff and the sincere wish that you may continue in your good work looking to the advancement of dental practice in this country.—FRANK F. HAPPY, D.D.S., *Mayfield, Ky.*

Free Discussion is the Soul of Progress

For the past twenty years I have enjoyed reading your journal and have learned many things from its pages, but somehow there now seem to be so many diversified opinions on each issue that the discussions all seem to be more or less of a squabble.

For instance, there are the arguments about shorter or longer terms for both medicine and dentistry.

Of course I am only one of the "small fry," located in a little country town, not known for many miles around; but I sometimes wonder if anyone else has ever thought of the proposition along this line: anyone wishing to practice medicine or dentistry should have to take both courses. The eye specialist, the nose and throat specialist, the diagnostician, the heart specialist, and all the rest, have to graduate in medicine before practicing their specialties. Many claim dentistry is a specialty of medicine. If it is not a specialty, but rather an integral part of medicine, why is it not important for the dentist to have all the knowledge of the whole that he can absorb and not have to sit back and be the byword for the M.D.?

Now for the physician: how can a man diagnose or treat a being about which he knows only a portion, admitting as is now claimed by some, that the teeth and mouth are the seat of all the ills to which man unfor-

tunately falls prey? If this be true, is it not all the more essential that the physician know these organs as well as his brother dentist?

"United we stand, divided we fall." This means us, too, brother; so let us really get together so that we are one and the same, stop laying our lack of knowledge on the other and get down to business, and be able to give some real knowledge to suffering humanity.

I am writing this not to start any argument, but rather to start someone else thinking.—R. M. SPENCER, D.D.S., *Gordonsville, Va.*

Reciprocity

Much has been said for and against reciprocity, but so far as I can see or am concerned, it would be O. K. to have it among all states, that is, if a graduate passed one state board he or she would be permitted to practice in any state by paying a registration fee of a few dollars.

I am located in the southeastern part of Nebraska three miles from the Kansas line and eleven miles from the Missouri line. Each year I have many patients from the two neighboring states, and I find their teeth are much the same as those of patients from Nebraska.

Physicians are called over to Kansas on confinement cases and they report that the babies are born in much the same way there as they are in other states; but unless the physician or dentist is called to another state, it is unlawful for him to practice there unless he takes the state board examination—and possibly some of his examiners are far less capable than he is.

It is my opinion that the majority should rule. I agree with Dr. J. A. Poulter* that the way to find what the majority wants is to take a vote by sending out a questionnaire to each dentist in America. If the majority wants national reciprocity, we must have our respective legislatures pass the necessary bills and end a lot of talk for all time to come.—HARRY H. HESS, D.D.S., *Falls City, Neb.*

New Series Needed

You were so kind as to mail me a series of articles, entitled "Your Teeth," which I have used in radio talks since that time.

I have had more compliments on that series of articles than on anything that I have ever used. They are by far the most original, human, and interesting facts that I have had.

But like all good things they are about ended, and I am wondering if there are any more where these came from. I would appreciate it very much if the good doctor who compiled them would send some others equally as interesting.—IRVING A. CLARK, D.D.S., *Janesville, Wis.*

*ORAL HYGIENE, February, 1931, p. 312.

Cause of Cancer

I see that you have in the February issue of ORAL HYGIENE an editorial on "The Cancer Propaganda."*

I should like to suggest that if the would-be discoverers of the cause of cancer would investigate the source of other diseases, namely, bad living habits, they would in all probability find something worth while.—GEORGE W. HEARD, D.D.S., *Hereford, Texas*

To Dr. Dunn's Critics

I should like to reply to the critics of Dr. Dunn and his poem, "The Dunns, O'Tooles and Sullivans."† Anyone who does not possess a sense of humor is indeed in a very sad plight.

If these aliens or hyphenated Americans, or whatever they may be, would really become Americanized, they would not feel the way that they do about such a mock controversy. They might be able to appreciate a classical bit of humor and would enjoy it as much as the rest of us do.

I only wish that more men of the same high type as Dr. Dunn contributed to ORAL HYGIENE.—R.C.WESCOTT,D.D.S., *New Philadelphia, Ohio.*

*ORAL HYGIENE, February, 1931, p. 324.

†ORAL HYGIENE, November, 1930, p 2448.

Jingoism à la Greek and Irish

In the February issue of ORAL HYGIENE,* there appeared a letter written by E. N. Sikeotis, D.D.S., protesting against Dr. Frank A. Dunn's infamy of the Greeks and Romans.

In the same issue there also appeared, in the form of verse, a reply† from P. J. Aufderheide, D.D.S., eulogizing his own Deutschland, thus making the picture more nearly complete.

Indeed, the broad tolerance shown by the ORAL HYGIENE editorial staff in publishing such a commonplace letter, written in such vulgar street parlance as that of Dr. E. N. Sikeotis, is surprising to me.

If anyone doubts of the statement made above, let him take out the February issue of ORAL HYGIENE, page 315, and see the vulgarity and gross ignorance demonstrated in the letter entitled, "A Letter to Dr. Dunn."

In this letter, he writes in part, "As I *happen* to be practicing this *profession*—" (Italics mine.) Yes, brother, you said it: it just so happened and, no doubt, by accident.

Times are serious, and so many diverse and baffling problems confront the dental profession that such vulgarity does nothing but bespatter that much abused word, "profession," and

*ORAL HYGIENE, February, 1931, p. 315.

†ORAL HYGIENE, February, 1931, pp. 308-309.

furnishes a probable index to the intelligence of some doctors of dental surgery.

Alas for these men! People like Tom Paine in vain have labored and died.—K. S. MARGOSIAN, B.A., D.D.S., *East St. Louis, Ill.*

A Letter to Dr. Sikeotis

Would it not be wise to look up the word "sport" in Webster's dictionary and see that it means "pleasantry, raillery, a jesting, as opposed to an earnest or serious, spirit?" I think that the articles* in verse by Dr. Dunn and Dr. Aufderheide are fine. More power to them! If we had more men like them in this old world, it would be a better place for us all to live in. I am Scotch, but Scotchmen have the ability to see the fun in jokes about themselves. That is "sportsmanship." I am of the opinion that you take life too seriously. Laugh and the world laughs with you; snivel and you sulk alone. Laugh once in a while. It's good for you, builds a cheerful countenance, and you will feel better in every way.

'Way back when the world was made,
Who in bright tartans and kilts arrayed
Piped the loud music to start parades?
The MacGregors, Campbells and Camerons.

Who was it invented "wuskey Scotch?"
And White Horse ale—(they made no botch)—
To imitate which you'll have to watch
The MacGregors, Campbells and Camerons.

Now let's all laugh. Smile! It won't hurt!—W. S. COYE, D.D.S., *Caro, Michigan*

*ORAL HYGIENE, November, 1930, p. 2448; February, 1931, pp. 308-309.

The Editor Blushes

I have read with interest and with sympathetic appreciation the series of letters and communications which appear in the January issue of ORAL HYGIENE concerning the twentieth anniversary of its birth as a publication with a definite and specific purpose in one of the most important fields of dentistry.

That ORAL HYGIENE has been, is, and will continue to be, under your scholarly, fearless, and progressive policy, a potent factor in disseminating selected information for the ultimate purpose of decreasing the toll of disease is, of course, a foregone conclusion to your readers and particularly to those who, like myself, have been given the opportunity to watch the editorial machinery in action and who, therefore, are in a position of vantage to evaluate correctly the qualifications of the man who guides its destinies.

Every dentist, if he reads at

all, reads ORAL HYGIENE—snappy, magnetic, and reflective of the idealism of its accomplished master.

I have not missed reading many issues of your publication since its inception and none since the genius of our late and lamented friend, Linford Smith, once more asserted itself in your selection as a worthy successor of such capable predecessors as George Edwin Hunt and William W. Belcher.

I have stood in admiration at your intellectual expansiveness, your quickness of analysis, your diversified knowledge, scientific, literary, and technical, and certainly also at your facility for transferring into words, sentences, and paragraphs in clear, individual, and vigorous style, those thoughts that must inspire your readers to continue in the interminable campaign against mental and physical deterioration and human invalidism.

Accept, please, my congratulations upon the occasion of the anniversary which you have just celebrated. May you continue for decades to come in the guidance of ORAL HYGIENE for the good of generations present and to come.—JULIO ENDELMAN, D.D.S., *Editor of the Pacific Dental Gazette, Los Angeles, Calif.*

Reaction

How would you like to know the way an obscure country-town dentist reacts to some of the stuff which is appearing in current dental literature?

In a recent issue of ORAL HYGIENE we learn on good authority that dentistry is not in tune with the needs of the nation. There are too few dental offices that welcome children. A deplorable situation in the largest city of this state was cited as proof. I do not question the truth of this condition, but I certainly do the conclusions that are being drawn from them. I prefer to inquire into the cause.

Six years ago I came into this community to build a dental practice founded on service to children. The other men here had given it up as a hopeless job, and much criticism of them for this reason was in evidence. After six years of endeavor, I have less than twelve children to whom I am able to give the kind of service I would like. My experience as a teacher in the public schools and as a parent and my natural temperament qualify me for this kind of work, but I have been utterly unable to secure the active cooperation of parents. This I believe to be the experience of thousands of dentists throughout the country. I am sure in this very same city of Detroit there are hundreds of dentists anxious to do anything that comes their way.

I know there are a few men specializing in this work in the cities who are successful. What is needed is either an enlightened public or else an acquired

ability on the part of dentists to secure this co-operation from parents.

As long as the dominant note in the minds of the majority of the men who are most influential is that it is the stupid dentist who is the obstacle in the pathway to progress, we are apt to remain status quo. If they were truly in touch with the actual situation, perhaps a little instruction in how to cope with it would be forthcoming.

I might cite the case that came to my office yesterday of a child seven years of age who had until three months ago been in the care of one of these high-powered boys specializing in this work in the city of Detroit. All the child's first permanent molars were fully erupted and in the proper relation to each other and he, at the very last visit, was trying to treat a chronic abscessed upper deciduous molar tooth that had been discharging through a gum boil. I advised extraction, of course, but did not get very far with my advice for the reason, I suppose, that I did not, in the mother's mind, know as much as the man in Detroit. The ignorance of those for whom we practice is what we are up against all the time. How these so-called leaders can get away with so much is more than I can fathom. If they really are interested in the work the profession is meant to do, some of these men who are putting it across, even to the ridiculous, might give us a little aid in getting this parental co-operation which is supposed to be already existent.

I have been reading that some learned gentleman wants to make dentistry a specialty of medicine. To do this they propose to give a few men a great deal of training (most of which they would not be able to use in the present stage of public enlightenment), and to give the majority less training than the average dentist has today.

I find after making a survey of Michigan that there are more communities that have one or two dentists than any other type. I would like to ask some of these learned men just which kind of dentist they are planning to supply in these places.

If we could get people to fall in line for dentistry as they do for medicine, osteopathy, chiropractic, or whatnot, by making it a specialty of medicine, then I am for it.

The osteopath with whom I am associated has a gross income larger than the combined incomes of the five dentists here, and the same can be said of one of the physicians I know well.

Let's poke our finger of scorn where it should go.—RALPH M. BROWN, D.D.S., *Mt. Pleasant, Mich.*

One More "Don't"

I should like to add one more "Don't" to the several of Frank H. Williams. This is it: Don't place your wife's photograph on your desk or wall. The

women don't like it. They would rather have a single man's fingers in their mouths, so why deliberately let them know you are a married man? —H. SAXON, D.D.S., *Chicago, Ill.*

Foolish Pyorrhea

In the July issue* of ORAL HYGIENE, Dr. Carshore says, "Pyorrhea will get you."

In the October issue,† Dr. F. A. Voge takes issue with Dr. Carshore, and says that the doctor may need a postgraduate course.

I want to go just a step further and say that I think it absolutely foolish for anyone even to have pyorrhea. If you care to publish this, I shall be glad to take up the subject of preventive pyorrhea and the cure of pyorrhea with any dentist.—W. Z. MCELROY, D.D.S., *Jacksonville, Fla.*

A Reply to Dr. Mahler

I have just read "The Question of the Advertising Dentist"‡ and feel that I can say something more on this subject.

I am an ethical dentist, a member of a dental society, and have been practicing eighteen years. I believe the advertiser is a great menace to the community, beyond any doubt; but the many reputable dentists who are taking advantage of their patients' ignorance in doing unnecessary work (I do not mean preventive work) and charging exorbitant prices for that work are only forcing a great many fine people into the advertising offices.

Until there is a sane view of the value of a dentist's time and the number of hours he should work to supply himself and his family with their worldly needs, together with a regard for the amount of effort the patient has to put forth to pay his dentist's fees, advertisers will be patronized.

If dental fees were more standard, regulated in such a way as to give a good and fair profit to the dentist, considering the time he has spent getting his education, etc., and if the laity could be taught to know what to expect of the dentist, there would be more honest work done and less grafting of excessive fees.

True, the people who go to the advertiser can least afford to do so, as in the majority of cases the work has to be done over again soon by some ethical man, or the patient becomes all the more convinced that dentistry is only a bunco game.

Why do so many dentists when patients come to them for advice, first feel it necessary to estimate the patients' ratings before tendering that advice? If more honest advice were given by some of our ethical men, instead of advice which will bring in the largest fee, there would be more busy ethical dentists and fewer advertisers.

*ORAL HYGIENE, July, 1930, p. 1492.
†ORAL HYGIENE, October, 1930, p. 2191.
‡ORAL HYGIENE, March, 1931, p. 500.

Why should perfectly serviceable work be removed just to be replaced with expensive work, such as removing well-contoured alloy fillings to place large gold inlays for big fees when the alloy, if let alone, would likely outlast the inlay?

Why do such things pass unchallenged while we have our minds focused upon the advertising evil? I believe that if more ethical men would get over the idea that they are licensed robbers and would give their patients a square deal there would be more busy dentists and fewer advertisers and many more grateful patients boosting them to their friends, which is by far the best advertisement possible.

Of course, we find the class of person who almost insists upon being robbed, but, on the other hand, the majority of people have to go without many comforts and often neglect their children's needs in order to pay some outrageous dental bill.

Let's call a spade, a spade. We know these conditions exist and are practiced by many ethical men. Perhaps if we poked around our own woodpile more carefully, we could find just as large a skunk there as elsewhere. — ERLE M. PATCHIN, D.D.S., *Cleveland, Ohio*

Spanish O. H. Pocketed

I enjoy your Spanish edition more than any other magazine I see. I always carry a copy in my pocket to read whenever I get a moment.—SUMNER GLEASON, M.D., Health Commissioner, *Davis County, Utah.*

Posters and Slides

Will you please note that I have left The Soochow University Hospital, and am now in the Ministry of Health? I shall be glad, therefore, if you will be good enough to have ORAL HYGIENE mailed to me at my new address.

By the way, I shall be grateful, indeed, if you can give me some information as to where we can secure material, such as posters and lantern slides on oral hygiene for our "Better Teeth Better Health Campaign" in schools, hospitals, Y. M. C. A.'s and other social organizations in this country. If possible, we shall greatly appreciate your giving us some addresses where we could buy those materials.—T. S. WANG, D.D.S., *Shanghai, China.*

Penetration of Ultra-Violet Light

The article in the October ORAL HYGIENE,* entitled "The Penetration of Ultra-violet Light," interests me. Although your note states that the discussion is ended, I venture to comment on both your note and Dr. Perlman's paper.

The penetration of ultra-violet radiation into human, living tissue seems to be the point under discussion. Ultra-violet radiation which is of sufficient in-

*ORAL HYGIENE, October 1930, p. 2157.

tensity to be of practical use in office practice for its (1) germicidal action, (2) erythema production, and (3) production of Vitamin D, lies in the region of from 2250 to 3100 A, though radiation down to 1850 A may be present in small amounts.

When ultra-violet or any other radiation strikes an object, including living human tissue, it is either (1) transmitted through, (2) reflected from, or (3) absorbed by the object struck. Human untanned skin reflects 3 per cent of the ultra-violet radiation at 2400-2600 and 2800 A, 4 per cent at 3000, and 11 per cent at 3200 A. Therefore, from 89 to 97 per cent of ultra-violet radiation in this region is absorbed by or transmitted through the skin.

As a matter of fact, radiation of 2000 to 2500 A penetrates to the horny layer; 2500 to 2800 A penetrates basal cells; 2800 to 3200 A penetrates the blood vessel network, stimulating sweat glands and sympathetic nerve endings. Structural differences in skin and mucous membrane must be taken into account in considering the action of ultra-violet upon mucous membrane. It must be remembered that variation in mucous membrane also is to be considered. Nasal mucous membrane requires from two to three times the radiations required in the throat to produce the same reaction. Systemic effects are in proportion to intensity of radiation and area involved, and to that extent the effect of water-cooled ultra-violet is not limited to the illuminated region.

When the complex structure and manifold functions of the skin are taken into account, any agency which will penetrate the skin, if even only a part of its thickness, must have a profound effect upon the individual. Graphic proof of this is evident in the rapidly fatal termination of a first degree burn from fire, without blister formation and involving less than half the body surface.

From the above statements, you will see that I cannot wholly agree with either you or Dr. Perlman, although I do agree that the endless discussion of the physics of radiation would better be left to the physicists, as effects only should be of material interest to the physician and dentist. The effect of strychnine on the human body should be of much more concern to the physician than the structure of its crystal, which is the concern of the chemist and physicist.—G. E. CROSLEY, M.D., *Milton, Wis.*

The Advertising Dentist

If you think it worth while, I shall appreciate it if you will publish this letter in your esteemed magazine.

I believe that the deplorable condition existing in dentistry is entirely due to two things: first, to the activities of the dental advertiser; and second, and more important, to the inactivity or passiveness of the ethical

dentists. Wherever one goes one is confronted with enormous unsightly dental signs and posters. The newspapers too are full of dental advertisements, each setting forth an original "vital air," "sleep air," "nap air," "dream air," "sweet air," and "hot air." Each bombasts some special method of "painless extraction for 50 cents, hot air included"; or some patent suction roofless plates; 25 different kinds of plates to pick from, and 29 different shades to choose from; good sets of teeth, $7.75; extra durable teeth, $12.25; gold, silver, and porcelain filling, 50 cents. "My name and portrait are the best dental trade mark, 15 years' guarantee, painless extraction, dream air free of charge"; and they even remember to mention lady attendants. All kinds of inducements are offered, even promises to refund money if the dentist hurts the patient. This naturally tends to demoralize and degrade the profession.

In my opinion as mentioned above, the ethical dentists as a body are to blame for this degrading condition. First of all, the dental societies ought to see to it that the unscrupulous advertisers are prosecuted for their misrepresentations. Secondly, the societies should use their influence in legislatures to pass laws enabling the states to recall fake advertisers' licenses.

There are two good things that the advertisers do for the profession, namely, their advertising of dentistry in general to the public, and their advertising the fact that dentistry can be done painlessly. The fear of the dental chair is almost inborn and keeps people away from the dentist. This fear dates back, no doubt, to the time when barbers and blacksmiths used to pull teeth and when no anesthetics were used or available. I believe, therefore, that the duty of the dental society ought to be to enlighten and educate the people through the medium of the press about the importance of preventive dentistry, to eradicate their fear of the dental chair, and to explain that the expense is comparatively small when the teeth are taken care of in time. People should be told that their own natural teeth are many times better than artificial ones and shown the importance, from every angle, of preventive dentistry.

They should be informed of the various diseases that are directly and indirectly caused by bad teeth; they should be warned that one neglected decayed tooth can cause the neighboring teeth to become decayed also.

The public should be made aware of the fact that the extraction of a tooth is quite an operation. A warning should also be given, with full explanation, of how, when a tooth is extracted from the mouth and not replaced immediately, the neighboring teeth move out of position and the opposing teeth become elongated, and also that

pyorrhea may set in. People should be informed that the administration of a general anesthetic and extraction is quite a serious procedure and requires a great deal of care, skill, and knowledge. The public should never be told about the different methods, restorations and materials. These items should be left entirely to the dentist to decide.

We are neglecting our duty to society by not giving it more information about the care of children's teeth: the importance of keeping the baby teeth in the mouth for the proper development of the jaw bones and of the injuries and malformation of the bones that may be caused by premature extraction of the deciduous teeth. The public is entitled to know more about orthodontia, how the disfigured face of a child, due to irregularities of the teeth, can be made beautiful by removing the irregularities. Here we are beauty specialists; and what would not human beings do for the sake of beauty?

The aim and purpose of the dental societies should be broadcast. The public should be informed of the unscrupulous business methods of the advertisers and of the misrepresentations in the "nap" and other "hot air."

In conclusion, I want to repeat that the dental societies must assume a few new duties and, first of all, eliminate the advertisers. (Here I want to state my belief that dental societies are not striving hard enough to take in members.) Each society should have committees to interview and explain to all dentists who do not belong to the society the advantages of society membership. Snobbishness should be eradicated from the society. I am of the opinion that it should make an effort to admit all advertising dentists, who are willing to give up advertising and abide by the rules of the society.

A warning, though, should be given to the new advertisers that they will never be given the opportunity of joining. I believe that even the men who are not well liked by the society should also be taken in as they are better in the society than out of it. The contact of the association might influence and pull them up to a higher level. In any case, they can be managed more satisfactorily when they are part of the society. It is important, if possible, to have 100 per cent membership among the dentists of the vicinity.

Let the society start practicing the commandment, "Love thy brother-practitioner as thyself." It is true that no matter how bad we are we still have some good; and no matter how good we are, we still have some faults; and no matter how small they seem, we have to try to eradicate them.

The people should be informed of the importance of the profession and place it on a higher plane, next to that of

the medical profession where it rightly belongs. They should be told about the importance of dentistry and all its sequela. Halitosis should be discussed and impressed upon them. They should be taught the different diseases caused directly and indirectly by bad teeth, and that a small percentage of insanity is traceable to, or has its origin in, bad teeth.

I believe that an educational program of this kind, coming directly from the co-operative national dental societies, will make the public tooth-conscious, with the result that we will be kept very busy and more dentists will be needed to take care of teeth.

What percentage of dentists are provided for in old age? What number own big cars? How many have fat bank accounts? How many pay their bills on time? It is time to stop knocking one another for want of something better to do and co-operate with each other in an effort to place the dental profession, and dentists, in a higher and more comfortable position.—M. GILBERT, D.D.S. *Allentown, Pa.*

Understanding Dentistry's Difficulties

I notice an editorial, "Blame the Dentist,"* in the February issue of ORAL HYGIENE and would like to call your attention to a similar case that has just been decided by the Supreme Court of Illinois. The opinion was written by Warren H. Orr and can be found in the *Illinois Official Reporter,* Vol. 341, Part III, December 24, 1930, on page 539.

I believe it would be a good thing if you could look this up and comment on it editorially, for I think it will prove as interesting to others as it has to me. It shows that all judges are not easily duped and that at least Judge Orr shows a deep understanding of some of our difficulties.

I always enjoy ORAL HYGIENE articles.—R. W. MCLELLAN, D.D.S., *Carthage, Ill.*

*ORAL HYGIENE, February, 1931, p. 325.

Red Cross in Japan

I like to read ORAL HYGIENE every month because I am interested in oral hygiene work.

I am a graduate of the Texas Dental College, Houston, Texas, and am now a dental officer of the Japanese Red Cross Hospital, in Tokyo.—YOSHINOBU, MIMURA, D.D.S., *Tokyo, Japan.*

Cover to Cover

I wish to express to you my appreciation of the complimentary copy of ORAL HYGIENE I have received for years past. It is with pleasure that I look for the arrival of my copy each month. When it comes I literally devour it from cover to cover. ORAL HYGIENE has rendered twenty years of service to the dental profession for which the dental profession is grateful.—W. C. HOUSTON, D.D.S., *Concord, N. C.*

The GOLF SAGE of Hollywood Remarks—

A SHORT time ago the Editor of ORAL HYGIENE called my attention to some pictures of a thingamajig which Dr. C. R. Long, a dentist of Smethport, Pennsylvania, had invented and called a golf ball marker. For fear some one might think he is getting old, the Editor did not want to admit that he played golf, so he asked me if I would answer the correspondence.

I first wrote to Dr. Long congratulating him upon his unusual ability to think on some subject other than dentistry and stated that I was interested in the pictures of his tool and for him to send me one on trial. I stated that if it proved to be as good in practice as it looked in pictures and sounded in print, it should be worth at least half as much as he asked for it. This frugal tendency on my part, is not altogether hereditary, but is born of twenty-two years' experience in the practice of dentistry, in which time I have accumulated several thousand dollars' worth of useless equipment.

Well, the tool came! And really it's far beyond what the inventor claimed for it. I have found that it is not only an efficient golf ball marker but is an excellent nut cracker, a bottle and can opener, and, in an emergency, may be used as a pipe wrench. The doctor claims a marked ball saves many arguments on the golf course. I can vouch for that statement. I now carry my marker in my hip pocket and I no sooner pick up a ball than I have my name on it. This has saved me many arguments, and I must admit that the tool more than pays for itself each time I play.

Now, if I can conceive of some way to remove my name from a large assortment of balls I will be in a position to give up dentistry and go into the second-hand golf ball business.

—JAMES L. HOWARD, D.D.S.

ORAL HYGIENE to take over THE DENTAL DIGEST

ORAL HYGIENE Publications have just concluded negotiations with The Dentists' Supply Company of New York for the purchase of *The Dental Digest.*

ORAL HYGIENE will take over *The Digest* with the issue of January, 1932.

In the interim the journal will be published as usual by The Dentists' Supply Company.

The June *Digest* will carry the following announcement, signed by The Dentists' Supply Company:

THE DENTAL DIGEST'S FUTURE

"New plans are being made for the future development of *The Dental Digest,* and while the plans are not yet mature and therefore cannot be announced until later, we can tell you now that *The Dental Digest* has been purchased by Oral Hygiene Publications.

"The new publishers will take over *The Dental Digest* with the January, 1932, issue and promise a new idea in dental publishing.

"From what we know we believe that the promise will be abundantly fulfilled, and we hope that you will give the new publishers the same loyal support and co-operation with which we have been honored."

Beginning next January *The Digest* will be owned and operated entirely by Oral Hygiene Publications, which now publishes, in addition to ORAL HYGIENE, three other papers, *Spanish Oral Hygiene, Proofs: The Dental Trade Journal,* and *Oral Hygiene Junior,* a publication for dental manufacturers.

Oral Hygiene Publications is an independent publishing organization, devoted entirely to the publication of dental periodicals.

LAFFODONTIA

If you have a story that appeals to you as funny, send it in to the editor. He MAY *print it—but he won't send it back.*

Fond Mother: "Quiet, dear, the sandman is coming."

Modern Child: "Okay, mom, a dollar and I won't tell pop."

During the War a patriotic old lady was driving in the country and saw a young man milking a cow. She thought the young man was old enough to enlist, so she stopped and said to him:

"Young man, why are you not at the front?"

"'Cause there ain't no milk at thet end."

Mrs. Jones was leaning against the doorpost of her house when her friend, Mrs. Carr, happened along, bearing in her arms her twelfth child.

"Nell," said Mrs. Jones to her neighbor, "I see you are around again with another little Carr."

"Yes, another little Carr it is. And as far as I'm concerned I hope he's the caboose."

"Do you know what rigid economy is?"

"No, what is rigid economy?"

"A dead Scotchman."

"She asked me to kiss her on either cheek."

"Which one did you kiss her on?"

"I hesitated a long time between them."

"Your wife has been delirious all day," said the nurse, in a worried tone, "calling for you and crying for money."

"Hah!" snorted friend husband. "Delirious, hell!"

An Englishman was visiting this country for the first time, and as he was driving along the highway saw a sign, "Drive Slow. This means YOU!"

The Englishman stopped in surprise, "My word! how did they know I was here?"

"The man who gives in when he is wrong," said the street orator, "is a wise man, but he who gives in when he is right is—"

"Married!" said a meek voice in the crowd.

There was a young girl from St. Louie
Who submitted her case to the jury;
She said, "Car twenty-three
Has injured my knee,"
And the jury said, "We're from Missouri."

Jo: "Where were you born?"

Sam (proudly): "In California."

Jo: "Were you raised there?"

Sam: "They tried it once, but the rope broke."